



COUNTY OF LINCOLN—PARTS OF KESTIVEN

---

# ANNUAL REPORT

of the

COUNTY MEDICAL OFFICER  
OF HEALTH


for the year

1949

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J. H. C. CLARKE, M.A., M.D., D.P.H., D.T.M. & H.

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# COUNTY OF LINCOLN—PARTS OF KESTEVEN

## HEALTH COMMITTEE

(Constitution as at 31st December, 1949)

*Chairman :*

LIEUT.-COL. J. CRACROFT-AMCOTTS, D.S.C.

*Vice-Chairman :*

Alderman Mrs. G. H. SCHWIND, M.B.E.

### Aldermen

T. W. ATKINSON  
C. W. BARRAND  
MRS. L. BASEFORD  
H. DEER  
A. EVERETT  
F. J. JENKINSON (*ex-officio*)  
SIR R. PATTINSON, D.L. (*ex-officio*)  
F. D. TROLLOPE-BELLEW

### Councillors

MRS. J. W. BROWSE  
MRS. E. F. BULLMORE  
R. A. COLLINS  
J. D. DAY  
C. H. FENLEY

### Councillors

G. W. HUTSON  
J. IRESON  
REV. C. LETTS  
J. W. MILNER  
H. H. MORRIS  
M. OGDEN  
F. L. PRESTON  
H. K. SCRIMSHAW  
H. SKELLS  
W. GREEN  
H. E. HOUGH  
MRS. L. M. WARD  
MRS. V. M. P. WEBSTER

## CO-OPTED MEMBERS

MRS. J. CRACROFT-AMCOTTS  
MRS. B. PALMER

THE HON. MRS. D. N. TROLLOPE-BELLEW  
MRS. C. J. WILLOWS

*Representing Kesteven Local Medical and Panel Committee :*

DR. R. G. NETHERY

*Representing Kesteven Local Dental Committee :*

F. H. WALLACE, L.D.S., R.C.S. (Edg.)

## PUBLIC HEALTH OFFICERS OF THE COUNTY COUNCIL

*County Medical Officer of Health :*

*School Medical Officer :*

*Medical Officer for Maternity and Child Welfare and Medical Supervisor of Midwives :*

*Medical Officer for Mental Health Services :*

J. H. C. CLARKE, M.A., M.D., D.P.H., D.T.M. & H.

*Deputy County Medical Officer of Health, Deputy School Medical Officer and Deputy Medical Officer for Maternity and Child Welfare :*

T. J. O'SULLIVAN, M.A., M.D., D.P.H., L.M.

*Assistant County Medical Officers, Assistant School Medical Officers and Assistant Medical Officers for Maternity and Child Welfare :*

\*W. ANLEY HAWES, M.B., B.S., D.P.H.

R. F. McKEOWN, M.B., B.A.O., B.Ch., D.P.H.

\*V. B. TULLOCH, M.B., Ch.B., D.P.H.

*Medical Adviser for Mental Health Services :*

\*N. K. HENDERSON, B.A., M.B., Ch.B., L.B., D.P.H., D.P.M.

### Consultant Staff

The part-time services of the following consultants have been made available during the year to this Authority by arrangement with the East Anglian and Sheffield Regional Hospital Boards :—

*Orthopaedic Surgeon :*

G. A. C. SHIPMAN M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.

*Ophthalmic Surgeon :*

G. A. BARLING, M.B., D.O.M.S.

*Consulting Physician for Rheumatism and Heart Diseases :*

J. W. BROWN, M.D., F.R.C.P.

*Ear, Nose and Throat Surgeons :*

G. W. MOREY, M.B., B.S., D.L.O.

D. A. DRAFFIN, M.B., Ch.B., B.A.O., D.L.O.

K. WILSDEN, M.A., M.B., Ch.B., F.R.C.S.

*Dermatologists :*

A. D. FRAZER, M.D., D.P.H.

E. C. RITTER, M.B., Ch.B., M.R.C.P.

*Senior Dental Surgeon :* Vacant

*Dental Surgeons :*

G. TURNER, L.D.S.

Two Vacancies

*Public Analyst :*

\*W. W. TAYLOR, B.Sc., F.I.C.

*County Nursing Superintendent :*

*Non-Medical Supervisor of Midwives :*

Miss M. HUGHES

*Assistant County Nursing Superintendents :*

Miss G. D. BUCKNOLE

Miss E. McNAIR (*resigned 31/7/49*)

Miss P. M. PARKER (*appointed 1/10/49*)

\* Part-time Officers

*County Health Visitors :*

Mrs. H. M. ANDREWS	Mrs. S. E. JEFFRIES ( <i>resigned</i> 12/2/49)
Mrs. J. BLEAZARD ( <i>resigned</i> 30/6/49)	Miss E. M. JONES
Miss M. BRAY	Miss E. McNAIR ( <i>appointed</i> 1/8/49)
Miss B. BROWN	Miss A. ROOKE
Miss S. FORD ( <i>resigned</i> 31/10/49)	Miss M. E. STAMFORD ( <i>appointed</i> 14/2/49) Temporary
Mrs. E. HOLLAND	Miss E. M. WOOD ( <i>appointed</i> 31/1/49)

Also 22 District Nurse-Midwives act as part-time Health Visitors.

*Physiotherapists :*

Miss E. A. PECK, S.R.N., C.S.P., M.E.
Miss G. E. JONES, C.S.P. ( <i>resigned</i> 28/2/49)
Mrs. N. CRANSHAW, C.S.P., L.E. ( <i>appointed</i> 1/4/49, <i>resigned</i> 11/11/49)

*County Almoner :*

Miss M. A. L. HOWARD, B.A., A.M.I.A
-------------------------------------

*Matron, St Catherine's Road Day Nursery, Grantham :*

Mrs. F. M. FLOWER-ELLIS ( <i>resigned</i> 5/4/49)
Mrs. M. E. HIBBERD ( <i>appointed</i> 25/4/49)

*County Sanitary Officer :*

G. A. FARROW, M.R.SAN.I., M.S.I.A., A.M.INST.P.C.
---------------------------------------------------

*Dental Attendants :*

Mrs. M. COVELL ( <i>resigned</i> 5/2/49)	Miss B. M. MITTON
Miss A. M. TURNER ( <i>transferred to Clerical post</i> ) 10/2/49)	

*Non-Medical Staff—Mental Health Services :*

W. E. VICKERS, M.B.E. ( <i>Chief Authorised Officer</i> )
W. HOLMES, Authorised Officer—North Kesteven District
N. A. CLARKE, Authorised Officer— <del>South</del> Kesteven District
W. E. BAKER, Authorised Officer—South Kesteven District
B. J. BROWN, Authorised Officer—West Kesteven District
J. W. ALLPRESS, Authorised Officer at Headquarters

*Chief Clerk :*

W. S. DENCH ( <i>appointed</i> 1/1/49)
----------------------------------------

**District Medical Officers of Health and Sanitary Inspectors**

<i>District</i>	<i>Medical Officer of Health (all part-time appointments)</i>	<i>Sanitary Inspector</i>
Borough of Grantham	R. F. McKeown, M.B., B.A.O., B.Ch., D.P.H.	C. Taylor
Borough of Stamford	W. Anley Hawes, M.B., D.P.H.	L. J. Roll
Urban District of Sleaford	J. W. Scholey, M.B., Ch.B.	T. E. Dagwell
Urban District of Bourne	J. A. Galletly, M.B., D.P.H.	W. H. Howard
Rural District of North Kesteven	W. Sharrard, M.B.	J. Chadwick
Rural District of East Kesteven	J. W. Scholey, M.B., Ch.B.	A. A. Maxwell ( <i>resigned</i> 30/4/49) J. A. Saville ( <i>appointed</i> 1/5/49)
Rural District of South Kesteven	J. A. Galletly, M.B., D.P.H.	W. A. Chivers
Rural District of West Kesteven	R. F. McKeown, M.B., B.A.O., B.Ch., D.P.H.	J. Dean

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## COUNTY OF LINCOLN—PARTS OF KESTEVEN

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To the Chairman and Members of the County Council

MR. CHAIRMAN, MY LORD, LADIES AND GENTLEMEN,

I beg to present my Annual Report as County Medical Officer for the year 1949.

The Registrar-General's estimate of the civilian population at mid 1949 shows an increase of 1,320 over that for mid 1948. During the years 1941-44 this figure remained in the region of 113,000-114,000 but declined abruptly to 110,000 in 1945. The following year it increased to 113,000 and has since steadily risen to 120,890 in 1949. With regard to the distribution of the population in the County the individual figures for each county district indicate a general rise in all urban areas and in two rural districts, viz., North and West Kesteven, whilst in East Kesteven there was a small reduction and a more considerable one in South Kesteven.

The vital statistics for the County may be regarded as satisfactory. As anticipated, the downward trend in the Birth Rate to which I referred in my last Report continued. This rate was 18.45 per thousand of the estimated civilian population compared with 19.2 for 1948 and 21.37 for 1947—the highest recorded since 1920. It is of interest to note how closely this trend follows that of the post 1914/18 war years; for 1920 (two years after that war) the rate was 23.2 and by 1922 had fallen to 19.8. Two years after the last war the figure was 21.37 whilst for 1949, as stated, it had fallen to 18.45. The decline that set in in 1921 continued, apart from two small exceptions, until 1935 (for which year the rate was as low as 13.72) when the trend reversed, after which the Birth Rate rose progressively until 1947. The Infantile Mortality Rate of 37.2 per thousand live births was appreciably lower than the average rate for the last ten years viz., 40.19. The Crude Death Rate was a little higher than that for 1948, i.e., 11.77 per thousand of the population as against 11.04. From the list of chief causes of death which appears on page 10 it will be seen that Heart Disease again occupies first place and Cancer second. There was also an appreciable increase in the number of deaths registered as due to Heart Disease but with regard to Cancer there were 15 fewer deaths from this disease than in 1948.

1949 was free of any serious outbreak of infectious disease—in fact the number of cases notified was 2,348 less than in 1948. The number of cases of Scarlet Fever rose somewhat but there was a very considerable decrease in the number of cases of measles and whooping cough.



Throughout the year efforts have been devoted to further development of the health services within the framework of schemes approved under the National Health Service Act. Problems have arisen which are recognised as due, not so much to local causes, as to inherent defects in the Act or to lack of co-ordination of the work of the three executive branches of the National Health Services, viz., Regional Hospital Boards, Executive Councils and Local Health Authorities. Particularly has this been so in the field of Care and After-care where a satisfactory liaison between local health authorities and hospitals has yet to be established. The provision of maternity medical services under the Act has led from time to time to some misunderstanding of the professional relationships between Doctor and Midwife. The midwife has begun to feel that her sphere of duties were becoming increasingly encroached upon and that ultimately, unless the position were rectified, she would only be called upon to undertake maternity nursing. The Ministry of Health have recognised this difficulty and issued a statement in July drawing the attention of all concerned to the correct interpretation of the terms of service of the doctor providing maternity medical services. This statement emphasised that it was not the intention to diminish the importance of the midwife by the introduction of this service but that it was meant to be an addition—not a substitute for—the facilities previously available for the care of the expectant and nursing mother. It has not been possible to institute a priority dental scheme for mothers and young children, owing to the lack of trained dental staff. Furthermore, it has been the national policy to defer the provision of Health Centres until the present restrictions on building can be relaxed. Definite progress, however, has been made in the implementation of our schemes. We have seen the steady growth of the number of infant welfare centres in the County, important improvements in the home nursing and midwifery services and the integration of the ambulance service which has met all demands placed upon it with promptness and efficiency. The field of operation for the home help service has been extended from Grantham to one rural and the other urban areas of the County and it is hoped that in the near future this service will have become sufficiently strong to enable it to cater for the remaining rural areas. Certain advances have been made in the prevention of illness, care and after-care services and arrangements under the mental health services scheme have continued to operate satisfactorily; the latter, however, were hampered to a great extent by the lack of accommodation for mental defectives and the difficulty in obtaining staff for undertaking community care work.

The wide range of services administered by the Public Health Department under the National Health Service Act has provided scope for voluntary services particularly in connection with

the Infant Welfare, Nursing and Midwifery, Ambulance and Home Help Services. There is now a large number of voluntary personnel associated with these Services, and I should like to take this opportunity of thanking them for the valuable assistance which they have rendered.

In conclusion I should also like to express appreciation of the sustained efforts of the staff of the Department who have performed excellent service during the year.

I am, Ladies and Gentlemen,

Yours faithfully,

J. H. C. Clarke

## STATISTICS AND SOCIAL CONDITIONS

### General Statistics

Area of Administrative County (in acres) .. ..	463,490
Population (Census 1921) .. ..	108,237
Population (Census 1931) .. ..	110,360
Civilian Population .. ..	120,890
(Registrar-General's estimate, 1949)	
Non-Civilian Population .. ..	7,260
(Registrar-General's estimate, 1949)	128,150
Number of inhabited houses (Census 1921) .. ..	25,456
Number of inhabited houses (Census 1931) .. ..	27,590
Number of families or separate occupiers (1921) ..	25,823
Number of families or separate occupiers (1931) ..	27,845
Rateable Value (1st April, 1950) .. ..	£568,033
Estimated product of a penny rate, 1949-50 ..	£2,189

### Extracts from Vital Statistics for the Year 1949—

<i>Live Births :</i>	<i>Males</i>	<i>Females</i>	<i>Totals</i>
Total .. ..	1,162	1,069	2,231
Legitimate .. ..	1,100	1,002	2,102
Illegitimate .. ..	62	67	129

Live Birth Rate per 1,000 of estimated civilian population 18.45.  
Rate for England and Wales based on total population 16.7.

<i>Stillbirths :</i>	<i>Males</i>	<i>Females</i>	<i>Totals</i>
Total .. ..	24	15	39
Legitimate .. ..	23	15	38
Illegitimate .. ..	1	—	1

Stillbirth Rate per 1,000 of estimated civilian population 0.32.  
Rate for England and Wales based on total population 0.39.  
Rate per 1,000 births—live and still 17.18.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
<i>Deaths</i> .. ..	743	680	1,423

Crude Death Rate per 1,000 of estimated civilian population 11.77. Net Death Rate 10.9 Rate for England and Wales based on total population 11.7.

#### *Deaths from Puerperal causes :*

*No. of Rate per 1,000 total  
deaths : (live & still) births :*

From Puerperal infections and abortions with or without Sepsis	—	—	(England & Wales 0.27)
From other Maternal causes .. ..	5	2.20	(England & Wales 0.71)
Total .. ..	5	2.20	(England & Wales 0.98)

*Death Rate of Infants under 1 year of age :*

	<i>County of Kesteven :</i>	<i>England &amp; Wales :</i>
All infants per 1,000 live births . . . . .	37.2	32.00
Legitimate infants per 1,000 legitimate live births . . . . .	34.7	—
Illegitimate infants per 1,000 illegitimate live births . . . . .	77.5	—

NOTE.—For the purposes of this report the civilian population has been used for the calculation of birth and death rates and the notification rates of infectious diseases amongst civilians.

**Crude Death Rate**

The Crude Death Rate per 1,000 of the estimated civilian population was 11.77 for the year compared with 11.04 in 1948.

**Nett Death Rate**

The age and sex distribution of each Local Government unit materially affects the Death Rate. To counteract this the Registrar General has issued comparability factors for adjusting the local Death Rates, in order to make these comparable with the Crude Death Rate for the Country as a whole, or with the similarly adjusted Death Rate for any other area.

The factor for the administrative County is 0.93. This multiplied by the Crude Death Rate gives a nett County Death Rate of 10.9 as against 11.7 for England and Wales.

**Chief Causes of Death, 1949**

<i>Cause of Death</i>	<i>No. of Deaths</i>	<i>Rate per 1,000 of est. pop. Kesteven</i>	
Heart Disease . . . . .	441 (387)	3.65	(3.24)
Cancer . . . . .	200 (215)	1.65	(1.80)
Intra-cranial vascular lesions . . . . .	185 (181)	1.53	(1.51)
Bronchitis . . . . .	86 (74)	0.71	(0.62)
Circulatory Diseases (other than Heart Disease) . . . . .	57 (42)	0.47	(0.35)
Pneumonia . . . . .	60 (52)	0.49	(0.43)
Respiratory Tuberculosis . . . . .	30 (32)	0.25	(0.27)
Violence (Accidental) . . . . .	49 (29)	0.40	(0.24)
Congenital Malformations, Birth Injuries, Infantile Diseases . . . . .	30 (30)	0.25	(0.25)
Nephritis . . . . .	28 (29)	0.23	(0.24)
Digestive Diseases (other than Apendicitis) . . . . .	31 (20)	0.26	(0.17)
Premature Birth . . . . .	24 (14)	0.19	(0.12)

(NOTE. *Figures in brackets relate to 1948*)

**Births :**

*The Birth Rate of 18.4 per thousand of the estimated civilian population showed a decrease on the previous year.* The number of live births belonging to the Administrative County was 2,231 (1,162 males and 1,069 females) compared with 2,298 (1,159 and 1,139) in 1948.

The 129 illegitimate live births—representing 5.7 per cent of the total—showed a slight increase on the figure for the previous year: there were 168 (7.3 per cent of the total) such births during the previous year.

The number of *Stillbirths* (39) was well below the average for the previous 10 years and the *Stillbirth Rate* (0.32) was also below the average for the same period.

The following Table, which gives comparative statistics relating to births in the Administrative County since 1935, is of interest :—

Year	LIVE BIRTHS				STILLBIRTHS	
	Legitimate	Illegitimate	Total	Rate	No.	Rate
1935	1,454	61	1,515	13.72	74	0.67
1936	1,517	73	1,590	14.09	66	0.59
1937	1,536	72	1,608	14.16	73	0.64
1938	1,569	98	1,667	14.57	70	0.61
1939	1,637	85	1,722	14.81	80	0.69
1940	1,665	88	1,753	15.91	58	0.53
1941	1,749	110	1,859	16.39	62	0.55
1942	1,927	165	2,092	18.47	66	0.58
1943	1,967	162	2,129	18.53	60	0.52
1944	2,045	200	2,245	19.75	64	0.56
1945	1,939	267	2,206	19.97	68	0.62
1946	2,094	176	2,270	20.06	65	0.57
1947	2,306	156	2,462	21.37	62	0.54
1948	2,130	168	2,298	19.2	67	0.56
1949	2,102	129	2,231	18.45	39	0.32

The number of births *notified* in the County under Section 203 of the Public Health Act, 1936, was 2,129—2,101 live births and 28 stillbirths.

Details regarding Births in each of the 8 County Districts will be found in Table I, on page 56.

### Deaths :

The *Crude Death Rate* from all causes for the County was 11.77 per thousand of the estimated civilian population compared with 11.04 the previous year. The number of deaths was 1,423, 743 males and 680 females : the figures for 1948 were 1,320, 690 and 630 respectively. The proportion of deaths over 65 years of age was 67.0 per cent in the year under review, as compared with 64.9 per cent in 1948, 65.8 per cent in 1947, 64.5 per cent in 1946 and 63.9 per cent in 1945.

There were 83 deaths of infants under one year, representing an *Infant Mortality Rate* of 37.20 *per thousand live births*. The chief causes of death in this age group were Congenital Malformations, Birth Injuries and Infantile Diseases 29, Pneumonia 15 and Premature Birth 24.

The deaths from maternal causes were 5 in number during 1949, and represent a *Maternal Mortality Rate* of 2.2 per thousand total (*live and still*) births—somewhat higher than the figure for the Country as a whole (0.98). There were 2 such deaths in the previous year and 3 in 1947.

The following Table showing the numbers of deaths and rates during the past 15 years may be of interest :—

Year	DEATHS (All Causes)		DEATHS (Infants under 1 year)		DEATHS (Puerperal Causes)	
	No.	Rate	No.	Rate	No.	Rate
1935	1,348	12.21	78	51.48	7	4.40
1936	1,276	11.31	74	46.54	6	3.62
1937	1,384	12.19	103	64.05	3	1.78
1938	1,306	11.42	89	53.39	4	2.47
1939	1,405	12.23	72	41.71	5	2.77
1940	1,511	13.72	85	47.78	5	2.76
1941	1,388	12.24	86	45.84	11	5.67
1942	1,353	11.94	87	41.59	8	3.71
1943	1,408	12.26	90	42.27	6	2.74
1944	1,298	11.42	100	44.54	0	0.00
1945	1,320	11.95	89	40.34	8	3.52
1946	1,352	11.95	90	39.65	2	0.86
1947	1,368	11.87	82	33.31	3	1.19
1948	1,320	11.04	70	30.46	2	0.84
1949	1,423	11.77	83	37.20	5	2.20

The deaths registered under *Heart Disease* during 1949 numbered 441. Reference to the Chief Causes of Death on page 10 shows that this remains the principal cause of death. The death rate per 1,000 of the estimated civilian population at 3.65 was 0.42 higher than in 1948. The following is a statement of fatalities from Heart Disease during the 14 years 1936-1949.



<i>Year</i>				<i>No. of Deaths</i>	<i>Crude Death Rate per 1,000 of estimated popu- lation</i>	<i>Percentage to total Deaths from all causes</i>
1936	..	..	..	306	2.71	23.9
1937	..	..	..	336	2.95	24.3
1938	..	..	..	321	2.81	24.5
1939	..	..	..	381	3.33	27.1
1940	..	..	..	361	3.28	23.8
1941	..	..	..	297	2.62	21.4
1942	..	..	..	302	2.67	22.3
1943	..	..	..	309	2.69	21.9
1944	..	..	..	316	2.78	24.3
1945	..	..	..	362	3.28	27.4
1946	..	..	..	350	3.09	25.8
1947	..	..	..	391	3.39	28.5
1948	..	..	..	387	3.23	29.3
1949	..	..	..	441	3.65	30.9

Further information regarding the causes of death, etc., will be found on page 57 and in Table III (inset).

### **Population :**

The civilian population of the County at mid-year 1949 was estimated by the Registrar-General to be 120,890, which was an increase of 1,320 on the estimate for the previous year and 5,670 more than the 1947 figure. The natural increase in population (i.e., the excess of live births over deaths) was 808.

## **CARE OF MOTHERS AND YOUNG CHILDREN**

### **Infant Welfare Centres :**

Five additional centres—those at Folkingham, Ropsley, Ancaster, Branston and Navenby—were taken over during the year and two new centres were opened, i.e., at Brant Broughton and Morton. The number of centres provided by the County Council therefore rose from 24 in December, 1938, to 31 by December of this year. The position is now reasonably satisfactory and, with a few exceptions, all districts sufficiently well populated to justify the provision of a centre, now have this facility. Further extensions of this branch of the service will largely depend on obtaining an additional whole-time medical officer provided for in our scheme.

Records for the year show that 22,555 attendances were made at the centres—12,669 by infants under one year and 9,886 by children aged 1—5 years; comparable figures for the previous year were 20,427, 11,552 and 8,875 respectively.

The number of individual infants under one year who attended was 1,862 and individual children aged 1—5 years totalled 1,749 making 3,611 in all, these figures compare very favourably with those of last year which were 1,519, 1,254 and 2,773 respectively.

Children who attended for the first time were as follows :—infants, 1,251, children aged 1—5 years, 464, giving a total of 1,715.

Consultations with the medical staff numbered 5,717 and 21,985 weighings were undertaken.

#### **Ante and Post Natal Services :**

As I pointed out in my last Report the Comty Council decided to continue the scheme for ante and post natal examination of women by general practitioners. This scheme was originally introduced in the County many years before the National Health Service Act came into operation and had proved to be of valuable assistance in those domiciliary cases where midwives had been engaged for the confinement but where the patient was unable to pay the doctor's fee. It was a measure included amongst those recommended by the Ministry of Health for adoption by maternity and child welfare authorities for securing a reduction in maternal mortality and has proved to be advantageous in a county like ours where generally the areas are sparsely populated and for which reason it was impracticable to provide Ante-natal clinics within a reasonable distance of the homes of the women concerned. Since the National Health Service Act provides that the services of a general practitioner obstetrician may be booked by an expectant mother, without cost to her, the scheme referred to above has become to a large extent unnecessary. A falling off of applications was therefore to be expected. It will be seen however from the undermentioned figures that there are a few women—usually those whose doctor has not contracted to undertake work under the maternity medical services—for whom the scheme continues to prove useful. In fact, during the year, 10 expectant mothers (involving 12 examinations) and one nursing mother were able to benefit from these arrangements.

The Ante-Natal Clinic at 40 Westgate, Grantham continued in operation during the year. Here ante and post-natal supervision is provided under arrangements with a team of local general practitioner obstetricians who conducted 25 sessions during that time. Seventy-eight expectant mothers attended and 243 examinations were carried out, while, in addition, 13 patients attended for routine post natal examination. The average number of examinations conducted per session was 10. All cases presenting any abnormality are referred to the Gynaecological and Obstetrical out-patients department at the Grantham and Kesteven General Hospital.

#### **Consultant Services :**

Under the National Health Service the Regional Hospital Boards are responsible for the provision of specialist treatment and consultant advisory services. However, owing to the in-



evitable dislocation that would have arisen, had the transfer of functions abruptly taken place on the "appointed day," local health authorities continued to act for the Regional Hospital Boards on an agency basis by providing those services which they themselves had previously been operating. Prior to the National Health Service Act a wide range of consultant clinics had been organised throughout the County. Catering in the first place for the school child, the facilities under the scheme were later extended to the pre-school child and by the time the National Health Service Act had begun to operate, there was available in the County a comprehensive consultant service based on the Authority's five clinics at Grantham, Stamford, Sleaford, Bourne and Lincoln. It was therefore desired that the Sheffield and East Anglian Regional Hospital Boards (with which Kesteven is concerned) would, when formulating their plans, make provision for the continuation of these services from these clinics. This was considered desirable in view of the fact that these premises are situated in places easily accessible to the public and particularly as the orthopaedic and ophthalmic clinics, had been well equipped for the functions they were to perform. The advisability of such a course was, I am pleased to say, eventually acknowledged by the Regional Hospital Boards and having regard to their difficulties, particularly over the matter of contractual arrangements with specialists, they have gone a long way in meeting our wishes in this matter.

#### **Ophthalmic Treatment :**

The County Council continued to provide five ophthalmic clinics on an agency basis for the Regional Hospital Boards from July to September, 1948, when, owing to their inability to provide specialists for these services, the clinics terminated. However, by arrangement with the Nottingham County Council it was possible to obtain the services of their ophthalmic medical practitioner, Dr. W. B. Watson, to staff these clinics as from the 30th March, 1949. In September the East Anglian Regional Hospital Board arranged for Dr. R. M. Barling, their consultant ophthalmologist for the Peterborough Area, to take over the Stamford and Bourne Ophthalmic Clinics.

The following are details of pre-school children seen under these arrangements :

	BOURNE		STAMFORD		SLEAFORD	
	New cases	Re-inspections	New cases	Re-inspections	New cases	Re-inspections
Errors of Refraction	5	3	2	—	5	5
Other Eye Defects	—	—	1	—	—	—
Cases referred elsewhere	—	—	—	—	—	—
e.g. (Hospital)	1	—	1	—	—	—
Glasses prescribed	1	2	1	—	2	5

In the north of the County the Eye Clinic Service at Lincoln had ceased to function in December, 1948. As it was generally out of the question to call cases in need of examination to the Clinics at Grantham or Sleaford, there was no alternative for them but to be dealt with through the Supplementary Ophthalmic Services. I am pleased to say, however, that early in 1950 the Sheffield Regional Hospital Board through the Lincoln Hospital Management Committee established a special Eye Clinic for children in Lincoln and the work of this Centre will be referred to in the Annual Report for 1950.

### **Orthopaedic Treatment**

The Agency arrangement between the respective Regional Hospital Boards and the County Council, referred to in my Report for last year, continued in operation for the greater part of the year. Under this arrangement the County Council had, since 5th July, 1948, continued to administer the Specialist Services for school and pre-school children which had been established and were based on their four Clinics at Grantham, Stamford, Sleaford and Bourne. When this arrangement terminated in September/October it meant little change as the Boards had accepted the principle that the Service could best be provided through the existing Clinics. They, however, would now be directly responsible for drawing up contracts with the Specialists concerned when the eventual change-over took place. Dr. Shipman agreed with the Sheffield Board to continue as Consultant at our Grantham and Sleaford Clinics. The East Anglian Board arranged for Dr. Noel Smith, Orthopaedic Surgeon, Peterborough Hospital, to take over responsibility for the Stamford and Bourne Orthopaedic Clinics and he commenced monthly sessions at both Clinics in January, 1950. The work carried out under the arrangements as they concern children under five years of age, during the year may be briefly summarised as follows :—

Two hundred and fourteen cases (including 122 new cases) were seen and 270 consultations were held.

With regard to treatment 1,852 attendances, 464 more than in 1948, were made for massage, remedial exercises, ultra violet light, etc. No cases were referred for hospital in-patient treatment, but arrangements were made for one child to be seen by the Orthopaedic Surgeon at the Great Ormond Street Hospital, London, and one case in the north of the County was referred to Mr. Bilecliffe, Orthopaedic Surgeon, at the County Hospital, Lincoln.

### **Treatment of Defects of the Ear, Nose and Throat**

Mr. G. W. Morey, Ear, Nose and Throat Surgeon, continued to attend as required at our clinics at Grantham and Sleaford (under the agency arrangements already referred to)

until September; we were then advised that although he would be able to continue attending at Grantham he could not do so at Sleaford. The Sheffield Regional Hospital Board accordingly arranged for Dr. D. A. Draffin, Ear, Nose and Throat Registrar at the Nottingham General Hospital, to take over this clinic on the basis of one session per month, commencing in December. Cases in the north of the County are seen at Mr. Morey's out-patient clinic at the Lincoln County Hospital, while those in the south are referred to Mr. K. Wilsdon, Ear, Nose and Throat Consultant at the Stamford and Rutland General Hospital.

Forty-two children under 5 years of age were seen under these arrangements during the year, 28 of whom were found to be suffering from enlarged tonsils and/or adenoids for which operative treatment was recommended.

### **Rheumatism and Heart Diseases**

Dr. J. W. Brown, the County Council's Consultant Physician for these diseases, continued to attend periodic clinics at Lincoln, Grantham and Sleaford throughout the year, but owing to increased commitments with the Sheffield Regional Hospital Board, found it impossible to do so at Stamford after October. As the Peterborough Area Hospital Management Committee had in operation an out-patients' department for these diseases at the Stamford and Rutland General Hospital, approach was made to them with a view to cases in the south of the County being referred there for examination and supervision; at the end of the year the matter still remained under consideration.

During the year 7 children under 5 years of age (5 of whom were new cases) referred from Infant Welfare Centres, were examined by Dr. Brown under the arrangements referred to above.

### **Diseases of Children :**

It was necessary, owing to there being no qualified Specialist in Diseases of Children serving the County, to refer 5 cases to the Nottingham Children's Hospital where they were seen by Dr. Page, the visiting Paediatrician, and one case to the War Memorial Hospital, Peterborough, to be seen by the resident Paediatrician, Dr. Walker.

At the end of the year the Sheffield Regional Hospital Board had in hand the appointment of a Paediatrician to the Lincoln County and Grantham Hospitals; this eventually materialised early in 1950. This service should prove of considerable value in connection with the child health services in the County.

### Dental Treatment :

There was no material change in the position as reported in my last Report and there is therefore very little to add to what was said then. The unsatisfactory staffing position, where we had only one dental surgeon out of an establishment of four, continued and thus rendered it impossible for the Authority to implement its scheme for providing dental care to expectant and nursing mothers and pre-school children.

It is unfortunate that during the comparatively short time the National Health Service has been in operation there has been throughout the County a disruption of the efficient school, pre-school and maternity dental services built up over many years. It is apparent to all concerned that until local health and education authorities are in a position to offer dental officers terms more in line with those available to them under the National Health Service the drift of these officers from appointments with such authorities will continue. One difficulty I foresee will be getting the services staffed again when any adjustment to present scales of remuneration is eventually made. Once established in posts under the National Health Service it is unlikely that dental officers will be inclined to consider a return to public appointments. Indeed, in these days of housing shortage, etc., the posts would have to be made very attractive to make transfer a worth-while proposition. On the other hand it cannot be assumed that recruits to the service would be available from the newly qualified : obviously there will be many vacancies throughout the Country, both in public and private practice, for some time to come and new members to the profession will experience no difficulty in obtaining posts.

The one Dental Surgeon referred to devoted almost all his time to emergency work under the School Health Service and, in view of this fact, was only able to treat a comparatively small number of Maternity and Child Welfare cases, as will be seen from the table below :—

#### (a) Numbers provided with Dental care

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers .. .. .	5	5	5	5
Children under five .. .. .	123	118	105	84

## (b)—Forms of Dental Treatment provided

	Ex- tractions	Anaes- thetics		Fill- ings	Sealings or Sealing and gum treat- ment	Silver Nitrate treat- ment	Dress- ings	Radio- graphs	Dentures provided	
		Local	Gen- eral						Com- plete	Part- ial
Expectant and Nursing Mothers ..	—	—	—	5	1	—	1	—	—	—
Children under five ..	52	37	—	74	4	—	18	—	—	—

**Institutional Provision for Mothers and Children :**

The arrangements for the provision of maternity accommodation continued to operate on the lines set out in my Annual Report for 1948, and no fewer than 474 normal maternity cases were recommended for institutional accommodation on sociological grounds during the year. Reservations were accordingly made for these patients at Hospitals as follows :—

Grautham Hospital and Annexe at 137 Dysart Road ..	375
Stamford Infirmary .. .. .	73
City Maternity Home, Lincoln .. .. .	17
Newark Town and District Hospital .. .. .	4
Wyberton West Hospital, Boston .. .. .	2
Gables Maternity Home, Peterborough .. .. .	3
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During the year arrangements were made for 30 children under 5 years of age to receive hospital in-patient treatment. Of these 26 have been referred to above as having been dealt with under the Ear, Nose and Throat scheme and the remainder comprised 2 cases of hernia, one of right hydrocele and one of right epiplocele.

**Premature Infants :**

One hundred babies born in the County were notified as having a birth weight of 5½lbs. or less and 80 (or 80 per cent) were known to have survived four weeks.

The number born at home was 38, of which 8 were subsequently transferred to hospital or nursing homes ; the remaining 62 babies were born in institutions. Table VI on page 62 analyses these cases in detail.

Details of the County Council's scheme for the care of premature infants have already been set out in previous reports. Briefly these are as follows :—Initially the doctor or midwife



attending the confinement furnishes details of the birth weight when notifying a birth under the provisions of the Public Health Act, 1936. If this is 5½-lbs. or less the infant is classed as premature irrespective of the period of gestation and the health visitor is informed so that she may exercise special supervision and in due course submit a report on the case. To assist in the actual nursing of the child, if this is to be undertaken at home, the County Council has available for loan various items of equipment such as draught-proof cot, oxygen apparatus, electric blanket pad, etc. Where admission to hospital is considered advisable the doctor, whom the midwife is required to summon in every case of prematurity, makes the necessary arrangements with the most convenient hospital with suitable accommodation.

### **Care of Unmarried Mothers and their Children :**

The number of illegitimate children born during the year was 129 (or 5.3 per cent of the total) ; this represents a decrease of 2 per cent on the figure for 1948.

I have already described in previous Reports the arrangements the Authority has made for the care and supervision of illegitimate children and for the rendering of assistance to unmarried mothers. These arrangements continued to operate satisfactorily throughout the year.

The valuable work undertaken by the Lincoln Diocesan Association for Moral Welfare through their welfare workers and the Quarry Maternity Home, Lincoln continued. Nine unmarried expectant mothers were admitted to this Home from the area during the year under the agreement between the Association and the County Council, while one case was sent to a similar home near Northampton.

### **Provision of Maternity Outfits :**

The duty of providing these outfits to patients being confined at home remains with Local Health Authorities. Outfits of an approved type are purchased centrally and supplied to all domiciliary midwives for distribution as necessary. The number of patients who benefited in this way during the year reached the total of 792 (i.e., 65% of all cases confined at home) as compared with the figure of 95 for the second half of the previous year (i.e., 14% of cases confined at home during that period). This increased demand is obviously due to the fact that patients may now obtain these sets free of charge as a recognised benefit under the National Health Service.

### **Day Nursery, St. Catherine's Road, Grantham :**

As will be seen from the table below there was a high attendance rate except in the winter months when a decline, attributable to a seasonal increase in the incidence of illness amongst the children, occurred.

	No. of children on register		Average daily attendance		No. of Mothers whose children were on register	
	Under 2 years	Over 2 years	Under 2 years	Over 2 years	In whole-time employment	In part-time employment
January ..	13	27	9	18	35	2
February ..	13	27	8	15	36	2
March ..	14	29	9	20	41	2
April ..	11	27	8	20	36	2
May ..	15	27	11	24	37	2
June ..	14	29	13	24	36	2
July ..	15	34	11	25	39	3
August ..	15	29	10	20	38	2
September ..	14	31	11	25	39	2
October ..	17	29	12	26	41	2
November ..	15	28	11	24	40	3
December ..	11	25	8	21	34	2
	167	342	121	262	452	26
Average for Year	14	29	10	22	38	2

### Nurseries and Child Minders Regulation Act, 1948 :

There were no premises or daily minders registered under this Act during the year.

## MATERNITY AND NURSING HOMES

There were no changes in the arrangements for the registration of nursing homes under Sections 187-194 of the Public Health Act, 1936. On the 31st December, 1949, there were 3 registered nursing homes in the area providing accommodation for 16 maternity patients and 4 others. The position therefore corresponded with that at the end of the previous year except at that time one less bed was being provided for cases other than maternity.

During 1949, 5 visits of inspection were paid to these Homes.

## HEALTH VISITING

The County Council's establishment provides for the employment of the equivalent of 11.7 whole-time health visitors, this figure comprising four whole-time health visitors, seven health visitors/school nurses - each devoting half her time to health visiting - and twenty-two district nurse-midwives - each devoting approximately one-tenth of her time to health visiting.

Supervision of the health visiting staff is carried out by the County Nursing Superintendent and two Assistants.

We started the year with vacancies for two whole-time health visitors, one being required at Grantham and the other at Stamford. The former post was filled early in the year by a health visitor trained under the County Council's arrangements, but unfortunately the Stamford post remained unfilled throughout the year.

During the war years it became increasingly apparent that if we were to be in a position to fill vacancies for Health Visitors reasonably quickly it would be necessary to have candidates ready or in training for appointment, in view of the shortage of nursing staff in general and health visitors in particular. Thus when the National Health Service Act came into operation the County Council—owing to their considerably increased commitments in the health visiting field—approved continuance of this policy and made provision for such in their Scheme. Experience has already shown that this decision was the correct one. I am sure that any money expended by the Authority under the Training Scheme can be regarded as a sound investment in so far as the work undertaken in this expanding branch of the Service will not be hampered through lack of staff.

One candidate, who commenced training under these arrangements during 1948, obtained her certificate early in 1949 and, as already mentioned, was appointed to fill the vacancy at Grantham. A further candidate commenced training in September and will eventually be assigned the Stamford appointment.

With regards to transport, cars are provided direct by the County Council to all district-nurse-midwives undertaking health visiting. As far as the whole-time health visitors are concerned, provision has been made in the Authority's Scheme for the payment of travelling allowances in five cases where cars are provided by the officers themselves and cycle allowances in the remaining six cases. Actually one of the staff included in the latter was authorised during the year to use an auto-cycle.

The following is a summary giving particulars of the work done during 1949.

First visits to expectant mothers	..	..	..	240*
Total visits to expectant mothers	..	..	..	299*
First visits to children under one year of age	..	..	..	2,401
Total visits to children under one year of age	..	..	..	14,404
Total visits to children between the ages of one and five years	..	..	..	21,203

(\*excluding visits by District Nurse-Midwife/Health Visitors which are referred to under "Midwifery")

Reference to visits made by health visitors to other types of cases will be found elsewhere in the report.



## MIDWIFERY AND HOME NURSING

### Midwifery :

During the year, notification to practise was received from 81 midwives, 67 of whom continued to practise at the end of the year. In addition 6 notices of intention to practise were received from persons undertaking maternity nursing only.

Of the 67 midwives referred to above :

- 44 were domiciliary midwives in the employ of the County Council
- 3 were domiciliary midwives in private practice
- 13 were midwives employed by Hospital Management Committees, and 7 were midwives employed in private nursing homes.

The following table shows the number of cases they attended during the year :—

	Domiciliary Cases		Cases in Institutions		Total	
	As Mid-wives (1)	As Mater'y Nurses (2)	As Mid-wives (3)	As Mater'y Nurses (4)	As Mid-wives (5)	As Mater'y Nurses (6)
(1) Employed by County Council . . . . .	724	446	—	—	724	446
(2) Employed by Voluntary Organisations . . . . .	—	—	—	—	—	—
(3) Employed by Hospital Management Committ's . . . . .	—	—	633	248	633	248
(4) In Private Practice . . . . .	11	21	*67	*172	78	193
Totals . . . . .	735	467	700	420	1435	887

\* Nursing Home Cases

It will be seen from this table that midwives were in attendance at 2,322 confinements, of which 1,202 were conducted at home and 1120 in maternity units.

Comparative figures for the preceding five years are as follows :—

	Domiciliary Cases			Cases in Institutions		
	As Midwives	As Maternity Nurses	Total	As Midwives	As Maternity Nurses	Total
1944	864	468	1332	444	454	898
1945	867	451	1318	505	383	888
1946	833	544	1377	439	417	856
1947	991	633	1624	450	405	855
1948	927	506	1433	464	375	839

It will be noted that while the number of cases confined in institutions showed a small decline, the proportion of cases dealt with in institutions rose to 48% of the total of all confinements, due to the smaller number of domiciliary cases, thus reflecting the fall in the birth rate.

Non-medical inspection and general supervision of midwives is carried out by the County Nursing Superintendent and her two Assistant Superintendents and during the year they made 28 visits for routine inspection purposes and 122 special visits.

Unfortunately there was a considerable decline over the previous year in the number of routine inspections made. This was largely owing to the fact that the Assistant County Nursing Superintendents were engaged for lengthy periods exclusively on relief work on the districts—an arrangement which was unavoidable as we had no permanent relief staff to take over such duty.

The number of cases in which medical aid was summoned by midwives under Section 14 (i) of the Midwives Act, 1918 totalled 144—104 domiciliary cases and 40 institutional cases.

Notifications from midwives were also received as follows :—

Stillbirths	..	..	..	..	..	..	12
Laying-out the dead	..	..	..	..	..	..	6
Liability to be source of infection	..	..	..	..	..	..	12
Artificial Feeding	..	..	..	..	..	..	146
Death of Mother or Child	..	..	..	..	..	..	14

At the end of the year there were 13 midwives employed at institutions and one midwife at a private nursing home. Twenty of the County Council's domiciliary midwives were qualified to administer Gas and Air Analgesia in accordance with the requirements of the Central Midwives Board. Gas and air was administered by the Council's midwives in 98 cases when acting as midwives and in 46 cases when acting as maternity nurses. The ultimate aim is, to have all midwifery staff trained in the use of this form of analgesia and further personnel will receive such training in the forthcoming year.

The following is a brief summary giving general details of the work undertaken by the County Council's domiciliary midwives during the year :—

**As Midwives—**

(i) No of cases attended	..	..	..	..	..	724	(901)
No. of these who were primiparae	..	..	..	..	..	145	(186)
No. of these who were miscarriages	..	..	..	..	..	42	(23)
No. of these who were maternal deaths	..	..	..	..	..	—	(—)
(ii) No. of ante-natal visits	..	..	..	..	..	7708	(8254)
(iii) No. of visits paid	..	..	..	..	..	12313	(14337)
(iv) No. of cases to whom gas and air was administered	..	..	..	..	..	98	(67)

**As Maternity Nurses—**

(i) No. of cases attended . . . . .	446	(484)
No. of these who were primiparae . . . . .	116	
No. of these who were miscarriages . . . . .	61	
No. of these who were maternal deaths . . . . .	1	
(ii) No. of visits paid . . . . .	17,528	(9025)
(iii) No. of cases to whom gas and air was administered . . . . .	46	(31)

NOTE.—The figures in brackets relate to the year 1948

**Home Nursing :**

It is, of course, unnecessary for me to dwell on the important part this service plays in the field of domiciliary medical practice. The general medical practitioner is relieved of much anxiety when he knows that the home nurse is available to supply regular nursing care when necessary. If anything, this factor assumes greater significance today, owing to the shortage of hospital beds and the consequent need of keeping admissions as low as possible. Quite frequently too, the hospital authorities have no alternative but to discharge a patient before he or she ceases to require nursing care and it then becomes the duty of the home nurse to step in and take over where the hospital left off.

During the year the Council's home nurses attended 2,605 new cases—1,630 of which were of a medical and 975 of a surgical nature. The care given to these cases involved the nurses in a total of 37,380 visits.

In addition 12,963 visits were made to minor cases where no actual nursing treatment was required and nurses were present at 102 minor operations performed by general practitioners in the patients' homes.

**GENERAL****Staff :**

All the District Nurse-Midwives, formerly employed by the District Nursing Associations, were transferred to the direct employ of the County Council upon the inception of the National Health Service Act, 1946 and they continue to work in the same areas as were previously covered by these associations. Although the scheme as approved by the Minister of Health provides for a slight increase in numbers when the service is fully developed, the full complement of domiciliary midwifery and home nursing staff at present required to cover the County is 49 including 4 relief district nurse-midwives. At no time in the year has this full complement been obtained; in fact it was never possible to fill any of the appointments for relief staff and often one or more district appointments were vacant.

Some 12 members of the nursing staff are 'Queen's Nurses,' having taken a recognised course of additional training in the technique of domiciliary nursing under the auspices of the Queen's Institute of District Nursing. The Council, recognising the value of the high standard of work and technique imparted by this specialised training, and maintained by the regular visits of the Institute's Inspectors, have affiliated with the Queen's Institute of District Nursing.

### **Housing :**

One important contributory factor to the difficulty in filling vacancies in certain districts (notably Billingham and Greatford) has been the lack of accommodation for nurses. There are other districts too where the Nurses are only in lodgings, and should these nurses leave or retire, there is no certainty that their lodgings will be available to their successors.

It is realised that until such time as the Council has suitable accommodation to offer, it will be extremely difficult to fill some vacancies. In the interests of the service it is the Council's policy eventually to secure accommodation for the Nurses in every district, either by renting, purchasing or building houses. This policy can be regarded as long term and in many districts there is no immediate need for action.

At the end of 1949 the County Council owned the nurses' houses in two districts and rented them in four others. In several instances where the nurses themselves rent District Council houses, there is an understanding that these houses shall be permanently reserved for nurses. There are at present four districts where houses are urgently needed for nurses—Billingham, Helpringham, Market Deeping, Rippingale—and preliminary enquiries have been made with a view to securing sites for building in these areas.

The ideal accommodation is generally a separate house with all public services supplied, with room for storage of nursing equipment and requisites, facilities for cleaning and sterilising bags and instruments, facilities for examining or treating patients who call, and having a garage adjacent. A telephone is of course essential. Sketch plans of a model house designed for the use of District Nurses have been examined and considered as a basis for houses the Council may erect for nurse-midwives in the future.

### **Transport**

It is important that cars supplied to the Council's midwives are dependable. The cars taken over from the District Nursing Associations in 1948 were nearly all at least 10 years old and many urgently in need of overhaul. In view of the great difficulty at that time in getting delivery of new cars, a considerable sum was

expended in that year and in 1949 on major overhauls and repairs, and in fitting reconditioned engines to as many as were in need, in order to keep them on the road. Towards the middle of the year however, the Ministry of Health sponsored a scheme giving priority in delivery of new cars for midwives in need of them. As a result 11 new cars were received by the end of the year—8 in fulfilment of orders placed by District Nursing Associations in 1947, and 3 in fulfilment of orders placed by the Council in 1949. Only two orders placed by the Council remained outstanding at the end of the year, and these cars were delivered early in 1950. It is the Council's intention eventually to replace all the remaining old cars, and a systematic replacement programme spread over 4 years has been drawn up.

In consequence of the delivery of new cars, it has been possible to establish a reserve pool of 6 relief cars, which are based at Sleaford and available at short notice to any district in need. Four old cars surplus to requirements were sold during the year by advertisement in the public press.

The total number of nursing cars owned by the Council at the end of the year was 43, allocated as follows :—

30 Rural Districts—1 each	..	..	..	..	..	30
4 Urban Districts	Bourne	..	..	..	..	2
	Grantham	..	..	..	..	2
	Sleaford	..	..	..	..	1
	Stamford	..	..	..	..	1
6 Relief cars	..	..	..	..	..	6
1 held in reserve for Grantham	..	..	..	..	..	1
						—
						43
						—

In the cases of two districts—Rauceby and Skellingthorpe—the nurses appointed already owned cars, and use of these for the Council's business was sanctioned, the nurses receiving the appropriate mileage allowance.

### Garages :

A survey of garages used by the nurses revealed that in several cases the accommodation was inadequate, a few merely consisting of open farm shelters some distance from the nurses' houses. Considerable efforts have been and are still being made to find suitable alternatives, and some rearrangements have already been effected. In addition portable garages have been purchased and erected at the houses of the nurses at Hykeham and Waddington.

### Kesteven Nursing Association :

The Association has continued to act as the Authority's agent in the day to day administration of the domiciliary midwifery and nursing services, being mainly responsible for advice on un-



keep of cars and cycles and garage arrangements, provision of nursing requisites, and promotion of the welfare of district nurses throughout the area. It acts also as a liaison between the nurses, the District Associations and the Public Health Department. As from the 1st April, 1949, a significant change took place in the arrangements with the Association in that as from that date it was agreed to discontinue the administration grant to the Association and in lieu thereof to transfer the Secretary to the staff of the Public Health Department; a proportion of his time is allocated to the work of the County Nursing Association.

## VACCINATION AND IMMUNISATION

There was no alteration in the scheme for Diphtheria Immunisation or Vaccination against Smallpox under Section 26 of the National Health Service Act 1946, as set out in my Annual Report for 1948.

### **Vaccination :**

It is gratifying to note a slight increase in the number of persons vaccinated during the year, as given in the Table below. The number of children under one year of age who remained unprotected against smallpox remains low, and it is regrettable that parents do not more readily avail themselves of this free service, particularly in view of the occurrence of smallpox in this Country from time to time. Notwithstanding the vigilance of medical officers at Shipping and Air Ports and in view of the speed of movement by present day air transport and difficulties of diagnosis which can lead to widespread dispersal of infection, it is unfortunate that some opposition and apathy is shown by parents to this form of protection against this virulent disease. It is hoped by the continued use of propaganda by distribution of leaflets at the Infant Welfare Centres, Midwives, Health Visitors and other personnel encouraging the vaccination of infants at the appropriate opportunity, that there will be a general improvement in the number vaccinated in future and a more enlightened and intelligent interest taken by the public in this direction.

In November 1949, the Ministry of Health arranged to provide a service of consultants with special experience of smallpox to District Medical Officers of Health and medical practitioners and the Minister considered it desirable that the call on such consultants should be made through the County Medical Officer of Health. It may be of interest to note that I have been appointed to act as consultant in Kesteven. All District Medical Officers of Health were accordingly notified of the steps to be taken in the event of any suspected case of smallpox occurring in the area.

In December 1949, the County Councils Association in conjunction with the Association of Municipal Corporations and London County Council agreed with the British Medical Association on the question of general medical practitioners' fees for vaccination and immunisation as follows :

" A fee of five shillings shall be paid to such a practitioner by the local health authority on receipt of a record in the standard form of the vaccination or immunisation of a person on the list of those to whom the practitioner is providing general medical services under Part IV of the National Health Service Act : that as regards smallpox vaccination the fee will be payable when a record is received showing either that the first injection resulted in successful vaccination or that an unsuccessful first injection was followed by a second attempt (as provided for on the record card), whether the second attempt proved successful or not : and that as regards diphtheria immunisation the payment of the fee will apply as respects the complete process, normally involving two injections, and also as respects the administration of a boosting dose of prophylactic given to a person primarily immunised at an earlier age."

These fees are payable retrospectively to the 5th July, 1948.

During the year under review the number of persons vaccinated was as follows :—

Age at 31/12/49 <i>i.e.</i> born in years	Under 1 1949	1 to 4 1945—1948	5 to 14 1935—1944	15 or over Before 1935	Total
No. vaccinated ..	225	180	26	47	478
No. re-vaccinated ..	—	6	21	117	144

### **Diphtheria Immunisation :**

There was a slight increase in the number of children under five years of age and school children who were immunised against diphtheria during 1949 but there is still room for further improvement in this direction. Every opportunity is taken by the Midwives, Health Visitors and School Nurses, to encourage parents to have their children protected against this serious disease. The Assistant School Medical Officers and School Nurses also take the opportunity at Routine Medical Inspections at schools of encouraging parents to have their children treated with the reinforcing dose of prophylactic when they have already been primarily immunised at an earlier age, and in this respect it is gratifying to see a considerable increase in the previous year's figures.

The following Tables give an indication of the number of children who have been immunised against diphtheria by the medical officers and general practitioners participating in the scheme :—

During the twelve months ended 31st December, 1949, the number of children who completed a full course of primary immunisation was as follows :—

Children under five years	..	..	..	..	..	1668
Children five to fourteen years	..	..	..	..	..	155
						<hr/> 1823

Total No. of children who were given a secondary or re-inforcing injection	..	..	..	..	..	653
----------------------------------------------------------------------------	----	----	----	----	----	-----

The number of children at 31st December, 1949 who had completed a full course of immunisation *at any time before that date* (i.e., at any time since 1st January, 1935) was as follows :—

Age at 31/12/49 <i>i.e.</i> born in year	Under 1 1949	1 1948	2 1947	3 1946	4 1945	5 to 9 1940—44	10 to 14 1935—39	Total under 15
No. immunised	55	1143	1342	1773	1626	8002	3453	17394
Estimated mid-year Child population	Children under five				Children 5—14			
	10940				16730			27670

### AMBULANCE SERVICE

The Scheme as outlined in my Report for 1948 has continued to function satisfactorily during the year under review.

The original ambulance scheme prepared under Section 27 of the National Health Service Act was to operate for an interim period only, pending consideration of the advisability or otherwise of combination with the Fire Service. It was however subject to this proviso that the Minister of Health approved the scheme, and consequently a meeting of a joint sub-committee of members of both the Health and Fire Brigade Committees was convened during the year to consider the matter. It was unanimously agreed at this meeting and subsequently confirmed by the County Council that a recommendation against combination should go forward to the Ministry of Health and with this in mind I was instructed to draft a new scheme for submission to the Ministry. No major amendments to the existing scheme were considered necessary and apart from obtaining the Ministry's consent to the principle of the service continuing independently of the Fire Brigade, there remained only one or two proposed minor changes of an administrative nature that required con-



sideration: these were therefore embodied in the amended scheme. This scheme was submitted to the Minister and was subsequently approved in 1950 subject to a slight alteration which will be referred to in my next Annual Report.

### Ambulances :

On account of their age and general condition, four vehicles were disposed of upon receipt of an equal number of new Bedford 28 h.p. ambulances.

There are ten ambulances belonging to the County Council which are located at :—

Grantham .. .. .	4
Sleaford .. .. .	3
Bourne .. .. .	2
Bourne Isolation Hospital .. .. .	1

One ambulance at each of the three centres—Grantham, Sleaford and Bourne—is allocated for the transport of cases of infectious diseases.

### Sitting-Case Cars :

Two new vehicles were delivered during the year—a Vauxhall 12 h.p., and a Bedford Utilecon 12 h.p.—which, with the two already owned by the County Council provide a total of four sitting-case cars.

In addition, there are nine owner-drivers of private motor cars who are available on call and are paid the standard rate of 6d. per mile.

The sitting-case cars are located as follows :—

Centre	K.C.C. cars	Owner-Driver
Grantham .. .. .	2	5
Sleaford .. .. .	1	2
Bourne .. .. .	1	2

Servicing and maintenance of County Council-owned ambulances and sitting-case cars is given priority by the commercial garages who supply part-time drivers in each of the above-mentioned centres.

The garaging of vehicles at Grantham and Sleaford may be regarded as reasonably satisfactory but this is not so at Bourne where a central depot is urgently required. We have now been successful in obtaining a suitable site for this purpose and the erection of the depot should be completed during the forthcoming year.

**Personnel :**

(a) *Whole-time Drivers.* Owing to the large number of calls at Grantham it was necessary to appoint an additional driver. There is a total of three whole-time drivers—one at Sleaford and two at Grantham.

(b) *Part-time Drivers.* There are nine part-time retained drivers (Grantham 4, Sleaford 3 and Bourne 2), to supplement the above. By arrangements with commercial garages in each of the towns concerned additional part-time drivers are also supplied when required. The services of a driver from both the Bourne Isolation Hospital and the Bourne Butterfield Hospital are available in the Bourne area.

(c) *Attendants.* Volunteer attendants are supplied, on a rota basis, by members of the St. John Ambulance Brigade and the British Red Cross Society. It is creditable that the voluntary personnel have all fulfilled their work in a willing and efficient manner.

In appreciation of the very valuable assistance rendered by these voluntary organisations, the County Council approved the payment of small annual grants to the British Red Cross Society's detachments at Grantham and Bourne and to the St. John Ambulance Brigade detachments at Sleaford and Bourne.

It was also agreed that payment of subsistence allowances on an approved scale be made to voluntary workers when engaged on out-of-town ambulance duties.

**Training :**

A large number of Ambulance Service personnel (including drivers) received courses of instruction in First Aid under the auspices of the St. John Ambulance Association and the British Red Cross Society. It is reported that the examination results were excellent.

**Mileages, Journeys and Patients :**

Summary of mileages, journeys and number of patients carried during the year ended 31st December, 1949 :

Depot	AMBULANCES			SITTING-CASE CARS			TOTALS		
	Mile-ages	Journeys	Pat-ients	Mile-ages	Journeys	Pat-ients	Mile-ages	Journeys	Pat-ients
Grantham	36369	2285	2679	47282	2402	2866	83651	4687	5545
Sleaford	46307	917	1357	38735	623	850	85042	1540	2207
Bourne	15282	461	544	8631	164	211	23913	625	755
Totals	97958	3663	4580	94648	3189	3927	192606	6852	8507

**Stamford :**

Summary of journeys undertaken on behalf of the Kesteven County Council by the St. John Ambulance Brigade (Ambulances), and the British Red Cross Society (Sitting-case Cars), operating from Stamford.

Period Year ended 31st Dec. 1949	AMBULANCES			SITTING-CASE CARS			TOTALS		
	Mile-ages	Jour-neys	Pat-ients	Mile-ages	Jour-neys	Pat-ients	Mile-ages	Jour-neys	Pat-ients
	8387	505	524	29454	669	719	37841	1174	1243

**North Kesteven (and Part of East Kesteven)**

The following statistics have been provided by the Lincoln Corporation Health Department, relating to Kesteven patients carried by vehicles of the Lincoln Ambulance Service under the Joint Scheme.

Period Year-ended 31st Dec. 1949	AMBULANCES			SITTING-CASE CARS			TOTALS		
	Mile-ages	Jour-neys	Pat-ients	Mile-ages	Jour-neys	Pat-ients	Mile-ages	Jour-neys	Pat-ients
	19107	1086	1399	23188	1194	1478	42295	2280	2877

Grand Totals for the Whole of the Administrative County for the year ended 31st Dec., 1949	AMBULANCES			SITTING-CASE CARS			GRAND TOTALS		
	Mile-ages	Jour-neys	Pat-ients	Mile-ages	Jour-neys	Pat-ients	Mile-ages	Jour-neys	Pat-ients
	125452	5254	6503	147291	5052	6124	272743	10306	12627

Particulars as supplied to the Ministry of Health relating to the operation of the Service during the year 1949 will be found in Table VIII, page 64.

**PREVENTION OF ILLNESS, CARE AND AFTER-CARE**

The County Council's proposals for the establishment of an adequate service to provide assistance to the sick, etc., within the terms of Section 28 of the National Health Service Act, 1946 were outlined in my last Report. Steady progress has been made in implementing those services which were not already operating on the "appointed day."

The following is a brief review of the work carried out during the year :—

### **Tuberculosis :**

The County Health Visitors continued their regular visits to patients making in all a total of 1,222 visits in this connection. Their reports on home circumstances, etc., are furnished to the Regional Hospital Board's Chest Physicians who are responsible for providing treatment through the Chest Clinics, now situated at Lincoln, Grantham and Stamford. The dispensary at Sleaford was closed during the year and patients from the Sleaford area are now treated at either the Mint Lane Clinic, Lincoln, or at the Chest Clinic at the Grantham and Kesteven General Hospital; one of our Health Visitors regularly attends at the latter clinic. The County Almoner also continues to visit each Chest Clinic regularly as in the case of the Tuberculosis dispensaries under the previous arrangements. In addition she pays domiciliary visits in connection with the social welfare of patients and forms a valuable link between them and the Chest Physicians at the clinics. Tuberculosis is acknowledged to be a disease presenting difficult social problems, but with the growth of social legislation and the continuation of voluntary effort, there are now many more benefits available to the patient than before. Because of the complexity of the present legislation information and guidance is frequently required by the patient, and the County Almoner (of whose work more is said later in this section) is available to give this.

Under the County Council's scheme 7 sleeping shelters were out on loan for open air treatment of tubercular patients and extra nourishment in the form of free liquid milk was supplied in 3 cases.

In addition 2 cases were provided with Home Helps under the Domestic Help Scheme and with the gradual expansion of this service it is anticipated that an increasing number of patients will be able to benefit in this way in the future. A number of patients were also provided with sick room equipment from the Council's medical loan depots, a facility which is proving useful to the patient confined to bed for considerable periods.

In two instances, children whose parents were suffering from tuberculosis were maintained in boarding schools by the Local Education Authority.

The County Council has an arrangement with the Papworth Village Settlement for any of their tubercular cases in need of rehabilitation to be admitted there, but no recommendations in this connection were received from the Regional Hospital Boards' Chest Physicians during the year. The Nottinghamshire County Council invited this Authority to take part in discussions on a proposal to set up a Joint Board for the development on regional lines of the Sherwood Village Settlement at Rainworth. The

Council accepted the invitation but after full consideration of the matter decided, in view of the large number of authorities who would be concerned in the project and the limited demand there would be for accommodation as far as Kesteven was concerned, to remain outside membership of the proposed Joint Board but to participate if possible, on a user basis only.

### **Mental Illness and Mental Deficiency :**

Reference to the community care work amongst persons suffering from mental illness or defectiveness undertaken by the Psychiatric Social Worker and Duly Authorised Officers is made on pages 40 and 41 of this Report under the section dealing with the Mental Health Services provided by the Authority.

### **Venereal Diseases :**

In October arrangements were made for the County Almoner to follow-up patients from the V.D. Clinics. Since then she has attended the V.D. Clinic at Grantham, and visited Kesteven patients referred from the clinic at Lincoln.

<i>No. of Patients referred</i>	<i>Received Attendances</i>	<i>Untraced</i>	<i>Failure to attend</i>	<i>Refused Treatment</i>
34	23	4	6	1

### **Illness Generally :**

During the year three cases—one an adult, the other two children—were sent for short periods to recuperative holiday homes on the recommendations of their private doctors, the County Council accepting responsibility for the cost and recovering from the patients amounts according to their means.

### **Nursing Equipment and Apparatus :**

During the year the County Council concluded an agreement with the British Red Cross Society under which the Society would act as their agents (on a grant-aided basis) in the provision of Medical Loan Depots at Grantham, Stamford and Sleaford, the main centres of population in the County. The Society had been running similar depots in these towns for some considerable time and these were well stocked with a wide variety of medical loan equipment. The new arrangement came into operation on the 1st October and the following table illustrates to some extent the valuable part played by these depots in rendering help to patients being confined or nursed at home :

Depot	No. of issues made during Dec. Qtr., 1949	No. of individual cases who benefited
Grantham .. ..	61	47
Stamford .. ..	68	54
Sleaford .. ..	49	24



Each depot takes in a considerable rural area as well as the town where it is situated and to supplement this arrangement "loan cupboards" suitably stocked with the smaller items of nursing equipment are provided to district nurse-midwives so the latter are in a position to cope with the majority of the needs arising in their particular areas but if not, they can call on the nearest loan depot to assist.

### **Health Education :**

This subject has received some attention during the year. Pamphlets and leaflets on various aspects of health, hygiene, etc. supplied by the Central Council for Health Education (to which organisation the Authority makes an annual grant) have been issued to health visitors, school nurses, clinics and infant welfare centres for distribution to parents. An exhibition stand was loaned the Authority by the Central Council for displaying topics on the health services generally and on other matters of interest in the field of health education. Frames have also been erected at each of the four County Clinics for displaying other exhibition material.

### **Medico-Social Work :**

The major part of the County Almoner's time is devoted to duties in the Care and After-Care branch of the Authority's health services. She reports that her work is developing steadily and feels that this development will continue.

Requests for help with patients have been received by her from general practitioners, hospitals, health visitors and voluntary agencies. These requests have varied considerably and naturally in certain cases the Almoner has had to refer patients to other agencies or departments for services which were not within her scope.

The gradual growth of public awareness of the provisions of Section 28 is being shown by the queries from the varied sources listed below, with which the Almoner dealt throughout the year.

Chest Physicians .. ..	108	General Practitioners .. ..	5
Other Almoners .. ..	17	Local Hospitals .. ..	5
Personal Applications .. ..	17	School Medical Officer .. ..	4
Ministry of Labour .. ..	13	Health Visitors .. ..	4
Moral Welfare .. ..	2	Miscellaneous .. ..	7

It will be noticed that by far the greatest number of referrals came from the Chest Physicians. This is due to the fact that the Almoner attended the Chest Clinics at Grantham and Lincoln and was therefore in constant communication with the Chest Unit for this area.

The second table shows the kind of queries dealt with. As will be seen they are infinitely varied, and it is impossible to give an analysis which will cover them all adequately. It will be understood that this table gives only a general idea of the kind of work undertaken.

Financial problems .. .. .	51
Help with employment .. .. .	37
General Advice .. .. .	36
Home Help Queries .. .. .	11
Material help, Clothing, Bedding, etc. .. .. .	10
Medical loan equipment .. .. .	10
Fares .. .. .	9
Rehousing problems .. .. .	8
Convalescent Homes Queries .. .. .	8
Queries referred to Children's Officer .. .. .	6
Social Reports .. .. .	6
Pensions Queries .. .. .	4
Holiday Homes Queries .. .. .	3
Referrals to Further Education and Training .. .. .	3
Handicapped Children .. .. .	2
Occupational Therapy .. .. .	2
Extra Nourishment .. .. .	2

In all cases the County Almoner has had the maximum amount of help and co-operation from the various voluntary and statutory bodies such as the Red Cross, the W.V.S., the National Assistance Board and the Ministry of Labour. It cannot be stressed too strongly that in this sphere there must be the closest liaison between all the existing social services.

### DOMESTIC HELP

As I mentioned in my Report for last year, Section 29 of the National Health Service Act empowered Local Health Authorities to provide domestic helps for households where such help would serve to mitigate the strain and burden imposed by illness on the patient and other members of the family. The County Council accordingly decided to establish a service to link up with the one already established in Grantham and taken over on the "appointed day." Proposals for the development of this service, within the limits imposed by the scheme approved by the Ministry of Health, were submitted to and accepted by the County Council in June. Briefly these proposals envisaged the continuation of the service at Grantham on the same lines as hitherto, i.e., that part-time helpers (numbers varying according to demand but usually averaging ten) be employed, supervision being undertaken by the Senior Health Visitor assisted by the senior member of the clerical staff at the Council's clinic in Westgate, which premises would serve as the local administrative centre for Grantham and surrounding areas. In the remainder of the County the service would operate under an agency arrangement with the W.V.S. whose Regional Administrator had agreed that it would be possible for her organisation to provide the

necessary part-time organising and clerical staff in the various centres of population where it was proposed to set up local offices i.e., Sleaford, Stamford, Bourne and Lincoln (to cover the northern part of the County where there is a comparatively high density of population).

Local organisers would provide their services voluntarily while their clerical staff would be remunerated direct by the W.V.S. for the work carried out by them.

It was agreed that the W.V.S. should be recompensed on an annual block grant basis for services undertaken on behalf of the County Council, while in addition the latter would be responsible for expenditure necessarily incurred on such matters as advertising, publicity, postages, stationery and the payment of home helps' wages. Liaison between the central and local administrative machinery would be maintained by the County Almoner who would act as Organiser and would be responsible for integrating the service throughout the County.

Thus after a period of preparation, during which time we were fortunate in having a visit from Mrs. Macdonald, Home Help Specialist from W.V.S. Headquarters, to address a meeting of those who would be concerned in administering the service, the scheme came into operation in October.

**Miss Howard, the County Almoner,** reports as follows :—

“ Each of the local offices now has a part-time voluntary organiser and part-time paid clerical assistant and all the offices are open for Home Help enquiries for three half days each week. Those applying for Home Helps are instructed to bring a medical certificate stating that this is necessary on medical grounds, and every doctor in the area now covered by the Service has been informed of the address of the nearest office, the times at which it is open, and the various reasons for which a Home Help can be supplied.

“ In spite of the fact that the majority of women in the rural areas work on the land, a number of older women with a sense of responsibility and a liking for housework have answered the appeal to become home helps. At the moment they are all working on a part-time basis, but it is hoped that as the service grows some may be employed full time, as regular employment and a regular wage is an added inducement to the kind of women most needed in this service.

“ In Grantham the scheme has been in operation for three years and is growing steadily. The administration of the four other areas has been based as far as possible on that already



obtaining in Grantham, and it is encouraging that the four offices are now working together in close co-operation, in spite of the distances involved.

“It is hoped that in the very near future the service will be extended to all rural areas. In fact, some cases in rural districts other than in North Kesteven have already been helped, but the difficulties of distance and infrequent transport make greater demands upon the helps than at the moment can be met.”

The following are details of the work carried out under the Domestic Help Scheme during the period :—

1st January to 31st December, 1949 (Grantham) ;

1st October to 31st December, 1949 (all other areas) :

Area	New Cases attended			No. of Helps actually employed	Total Hours worked by Helps
	Maternity	T.B.	Other		
Grantham .. ..	31	1	39	28	8391
Stamford .. ..	1	1	4	5	146
Sheffield .. ..	1	0	1	2	189
Bourne .. ..	0	0	4	2	159
North Kesteven ..	2	0	5	4	271
Total .. ..	35	2	53	41	9156

## MENTAL HEALTH

### 1—Administration :

(a) *Mental Health Services Sub-Committee.*—All duties relating to mental health are referred by the Local Health Authority to the Mental Health Services Sub-Committee of the Health Committee.

(b) *Staff.*—The County Medical Officer of Health is responsible to the Sub-Committee for the administration and control of the Mental Health Services, and during the past year Dr. N. K. Henderson, Medical Superintendent of Raucby Hospital, acted by arrangement with the Sheffield Regional Hospital Board as Medical Adviser to the Sub-Committee on mental and mentally defective cases.

Details of the non-medical staff engaged in the Mental Health Services will be found on page 4 of this Report. All such staff have had practical experience in the duties connected with mental deficiency, lunacy and mental treatment.

(c) *Co-ordination.*—Co-ordination between the Authority and the Regional Hospital Boards and Hospital Management Committees has been satisfactory. Liaison Committees consisting of

administrative medical staff of the Sheffield and East Anglian Boards and Medical Officers of Health of the Local Health Authorities have been established, at which questions concerning the working of the various schemes under the National Health Service, including the mental health services, are discussed.

Supervision of patients on trial or licence from mental hospitals or mental deficiency institutions is undertaken by officers of the Regional Hospital Boards.

(d) *Delegation of Duties*.—As the County Council were unable, owing to scarcity, to appoint a Psychiatric Social Worker for duties under their Child Guidance Scheme and Mental Health services they accepted an offer of the National Association for Mental Health to place the services of their Regional Psychiatric Social Worker, Miss E. V. Jones, at the Council's disposal on a part-time basis. The County Council agreed to be responsible for the appropriate proportion of Miss Jones' salary, administrative costs, etc., and the arrangement came into operation on the 1st May. The community care work carried out by Miss Jones was of much value but unfortunately had to cease on the 31st March, 1950 as the National Association for Mental Health then became obliged to discontinue their services in this part of the Country.

(e) *Training of Mental Health Workers*.—All non-medical staff with the exception of Mr. J. W. Allpress who has had extensive experience in practical work in connection with mental welfare have attended a comprehensive course on mental health arranged in conjunction with the Director of Extra-mural Studies of Sheffield University.

## 2—Work undertaken in the Community :

(a) *Under Section 28 of the National Health Service Act, 1946—Prevention, Care and After Care :—*

During the period the Regional Psychiatric Social Worker was in the part-time employment of the County Council she was able to deal with 24 cases involving 195 home visits and interviews. Some of the cases showed decided improvement as a result of the advice and help given. The Psychiatric Social Worker received expressions of appreciation of the psychiatric social care from many patients and relations, to most of whom it was evident that the psychiatric approach was a new experience. The general response shown indicated the need for continued use of a Psychiatric Social Worker in Kesteven.

### Psychiatric Social Worker's Report

On Cases dealt with from May 1st, 1949—March 6th, 1950.

Number of cases dealt with	..	..	..	..	..	24
Number of home visits and interviews with various people concerned	..	..	..	..	..	195
Number of letters out	..	..	..	..	..	289
Number of telephone conversations	..	..	..	..	..	101

In addition to the work outlined above the duly authorised officers act as mental health workers within their districts under the provisions of the Mental Deficiency Acts.

(b) *Under the Lunacy and Mental Treatment Acts, 1890-1930, by Duly Authorised Officers :*

Details of cases dealt with by the Duly Authorised Officers under the Lunacy and Mental Treatment Acts, 1890 to 1930, as amended, during the year ended 31st December, 1949, are as follows :

Certified under Lunacy Acts	..	..	..	..	82
Urgency Orders under Lunacy Acts	..	..	..	..	7
Voluntary patients under Mental Treatment Act	..	..	..	..	9
Temporary patients under Mental Treatment Act	..	..	..	..	3
Miscellaneous Cases	..	..	..	..	13

(c) *Under Mental Deficiency Acts, 1913-1938 :—*

- (i) Forty-seven cases were ascertained under the Mental Deficiency Acts, 1913 to 1938, during the year, and at the end of the year there were thirty defectives awaiting vacancies in certified institutions.
- (ii) At the end of the year 113 defectives were under statutory supervision and 90 under voluntary supervision. No patients are under guardianship.
- (iii) The setting up of occupational centres in this County does not appear to be feasible at present owing to the sparsely populated areas and lack of transport facilities. Patients capable of work are usually employed on farms.

The attitude generally of parents of defectives has, over the past few years, undergone a complete change : whereas they were previously averse to their children being admitted to mental deficiency institutions for training some now ask for this course to be adopted. The serious lack of accommodation in mental deficiency institutions, however, is resulting in a growing list of trainable patients awaiting admission.

The following table shows the number of certified and ascertained defectives within the County at the end of the year.

	Males	Females	Total
1—(a) In certified institutions	80	80	160
(b) On licence from institutions	8	15	23
2—Under statutory supervision	70	43	113
3—Under voluntary supervision	45	45	90
4—Ascertained cases in residential establishments	12	13	25
5—At present detained in mental hospitals	7	13	20
	<u>222</u>	<u>209</u>	<u>431</u>

### 3—Ambulance Service :

The County Council's ambulance service is available for the transportation of cases of mental illness or defectiveness and all mental health workers, both non-medical and medical, are authorised to call out ambulances or sitting-case cars as necessary.

Where it is necessary for trained attendants to accompany patients, these are provided by arrangement with the appropriate Hospital Management Committees.

The Authority was responsible in this way for providing transport for 62 cases during the year.

### PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES

One thousand and thirty-six cases of infectious diseases were notified to the District Medical Officers of Health during 1949, compared with 3,384 in 1948, 2,006 in 1947, 537 in 1946, 1,669 in 1945, 682 in 1944.

The Notification Rates per 1,000 civilian population were as follows :

							<i>County of Kesteven</i>	<i>England and Wales</i>
Small pox .. .. .	..	..	..	..	..	..	0.00	0.00
Typhoid fever .. ..	..	..	..	..	..	..	0.00	0.01
Para-typhoid fever ..	..	..	..	..	..	..	0.00	0.01
Scarlet fever .. ..	..	..	..	..	..	..	2.10	1.63
Diphtheria .. .. .	..	..	..	..	..	..	0.02	0.04
Measles .. .. .	..	..	..	..	..	..	3.27	8.95
Whooping cough .. ..	..	..	..	..	..	..	2.29	2.39
Acute Pneumonia .. ..	..	..	..	..	..	..	0.48	0.80
Cerebro-spinal fever ..	..	..	..	..	..	..	0.01	0.02
Erysipelas .. .. .	..	..	..	..	..	..	0.21	0.19
Acute Poliomyelitis ..	..	..	..	..	..	..	0.14	0.13

A Table showing the distribution, etc., of the notified cases will be found on page 63 of this Report.

*Smallpox.*—Again no cases of this disease were notified in the County ; the last occasion upon which Smallpox occurred in Kesteven was in 1931.

*Typhoid and Para-typhoid Fevers.*—No cases of this disease were notified during the year and only two cases have been recorded during the past five years.

*Scarlet Fever.*—Two hundred and fifty-four cases of this disease were recorded, compared with 158 in 1948, and an average of 154 during the years 1942-48. The incidence was evenly distributed throughout the year. There were no fatalities.

*Diphtheria.*—The continued low incidence of this dangerous disease is very gratifying, only two cases being reported with no deaths. The average number for the quinquennium 1944–48 was 18.

*Measles.* There were 396 cases notified to the District Medical Officers of Health during the year and of these no fewer than 136 or 34 per cent of the total occurred in the Borough of Grantham, where the disease was chiefly prevalent in the first three months of the year. Unfortunately there was one death although the incidence of measles in the County was considerably lower than in England and Wales. The following is a summary of the cases notified and the deaths registered during the past 10 years :—

<i>Year</i>		<i>Cases</i>		<i>Deaths</i>
1940	..	757	..	2
1941	..	1,625	..	1
1942	..	352	..	—
1943	..	1,599	..	3
1944	..	44	..	—
1945	..	1,093	..	1
1946	..	111	..	—
1947	..	1,056	..	—
1948	..	2,592	..	—
1949	..	396	..	1

(It will be noted that Measles is usually epidemic every second year).

*Whooping Cough.*—The 277 cases of this disease during 1949 was slightly below the average for the previous five years. There was one death—that of a young girl under five years of age.

*Pneumonia.*—Only Acute Primary and Acute Influenzal Pneumonias are notifiable, and 58 cases coming within these categories were notified during 1949, compared with 57 in 1948 and 60 in 1947. Deaths from *all forms* of Pneumonia numbered 60—8 more than last year.

*Cerebro-spinal Fever.*—One case was notified during the year and there were no deaths reported.

*Ophthalmia Neonatorum.*—Two cases were notified in the County during the year.

*Puerperal Pyrexia.* The 3 cases reported during 1949 represent a Notification Rate of 1.3 per thousand total births (live and still) as compared with a National figure of 6.31. The average number of notifications received during the previous 5 years was 16. There were no deaths from Puerperal Sepsis during the year under review.

*Dysentery.*—One case of this disease occurred in the South Kesteven Rural District. No other notifications were received during the year.

*Erysipelas*.—Twenty-five cases (14 in 1948) were notified in the County during the year, representing a Notification Rate of 0.21 (0.19 for England and Wales) per thousand of the civilian population.

*Acute Poliomyelitis*.—Seventeen cases with one fatality were reported during the year compared with 12 non-fatal cases during 1948.

### TUBERCULOSIS

Details of the new cases of Tuberculosis coming to the notice of the County Health Department during the year under review, and of the deaths from this disease were as follows :—

Age Period	New Notifications (including Supplemental Return)				Deaths			
	Respiratory		Non-Resp.		Respiratory		Non-Resp.	
	M	F	M	F	M	F	M	F
Under 1 year	1	—	—	—	—	—	—	—
1—5 years	2	—	5	—	—	—	2	—
5—15 „	3	5	4	5	—	1	—	—
15—25 „	12	18	1	2	10	6	—	1
25—35 „	18	13	1	2				
35—45 „	6	5	—	—	7	3	1	—
45—55 „	4	5	1	1				
55—65 „	4	1	—	—	2	1	—	1
65 and upwards	3	1	—	—				
TOTALS ..	53	48	12	10	19	11	3	2

### Institutional Treatment :

From information received from District Medical Officers of Health and the Chest Physicians of the Sheffield and East Anglian Regional Hospital Boards, a total of 103 individual patients received treatment in institutions during the year (compared with 115 in 1948, 127 in 1947, 120 in 1946, and 134 in 1945) —95 for respiratory or suspected respiratory tuberculosis and 8 for other forms.

	Respiratory			Non-Respiratory			Grand Total
	Male	Female	Total	Male	Female	Total	
Creton Sanatorium .. ..	18	9	27	—	—	—	27
Kelling Sanatorium .. ..	6	—	6	—	—	—	6
Bourne Isolation Hospital ..	9	7	16	—	—	—	16
Papworth Hall Colony .. ..	3	—	3	—	—	—	3
Branston Sanatorium .. ..	4	29	33	—	—	—	33
Grantham & Kesteven General Hospital .. ..	1	2	3	—	—	—	3
County Hospital, Lincoln ..	—	1	1	1	—	1	2
Harlow Wood Orthopaedic Hospital .. ..	—	—	—	1	2	3	3
Boston General Hospital ..	—	—	—	—	1	1	1



	<i>Respiratory</i>			<i>Non-Respiratory</i>			<i>Grand</i>
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Total</i>
Nayland Sanatorium, Colchester .. ..	—	1	1	—	—	—	1
Children's Hospital, Gringley-on-the-Hill ..	—	—	—	—	2	2	2
City Hospital, Nottingham .. ..	—	—	—	—	1	1	1
Ransom Sanatorium ..	2	—	2	—	—	—	2
Ronks Wood Hospital ..	—	—	—	1	—	1	1
Corporation Hospital, Scartho	2	—	2	—	—	—	2
City Sanatorium, Lincoln ..	6	3	9	—	—	—	9
<b>TOTAL</b>	<b>51</b>	<b>52</b>	<b>103</b>	<b>3</b>	<b>6</b>	<b>9</b>	<b>112</b>

NOTE.—Eight respiratory and one non-respiratory cases were either transferred from one institution to another or re-admitted during the year.

It was not necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from pulmonary tuberculosis employed in the milk trade), or under Section 172 of the Public Health Act, 1936 (relating to the compulsory removal to hospital of persons suffering from tuberculosis).

Reference is made to the services provided for the welfare of tuberculosis patients in the Section dealing with the County Council's scheme for the Prevention of Illness, Care and After-Care on Page 34.

Of the 123 new cases notified, 18 (16 respiratory and 2 non-respiratory) were included in the Supplemental Return to the Ministry of Health, 13 being transfers from other areas, and information concerning the other 5 cases was obtained from the Death Returns.

In comparison, there were 102 new cases in 1948 (84 respiratory and 18 non-respiratory), 103 in 1947 (81 and 21), 122 in 1946 (78 and 44), and 163 in 1945 (107 and 56).

The 30 deaths from respiratory tuberculosis represent a mortality rate of 0.25 per thousand of the civilian population—somewhat lower than the average for the previous 5 years. The 5 deaths from other forms of tuberculosis (bones, joints, glands, etc.) were equivalent to a death rate of 0.04. Comparative information relating to the deaths from tuberculosis during the last decennium is as follows:—

	<i>Respiratory Tuberculosis :</i>		<i>Non-Resp. Tuberculosis :</i>	
	<i>No. of Deaths</i>	<i>Death Rate</i>	<i>No. of Deaths</i>	<i>Death Rate</i>
1940 ..	33	0.30	7	0.03
1941 ..	36	0.32	12	0.11
1942 ..	35	0.31	10	0.09
1943 ..	38	0.33	16	0.14
1944 ..	36	0.32	7	0.06
1945 ..	22	0.20	9	0.08
1946 ..	37	0.33	10	0.09
1947 ..	42	0.36	10	0.09
1948 ..	32	0.27	7	0.06
1949 ..	30	0.25	5	0.04

## VENEREAL DISEASES

As from the 5th July, 1948, the responsibility for the diagnosis and treatment of persons suffering from venereal disease rests with the Regional Hospital Boards and the medical officers of treatment centres are required to compile a return to the Ministry of Health annually and furnish the County Medical Officer with a copy.

Arrangements were made for the County Almoner to attend the female V.D. clinic and follow up, on the request of the medical officers in charge, contacts of V.D. cases, as well as defaulters.

From the returns submitted, the following Table shows the number of Kesteven patients who attended the various treatment centres for the first time during 1949 :—

	Syphilis	Gonorrhoea	Other Conditions	Total No. of Cases
Ketton .. ..	1	1	4	6
Grantham .. ..	7	11	31	49
Lincoln .. ..	7	15	38	60
	15	27	73	115

## INSPECTION AND SUPERVISION OF FOOD

### Milk and Dairies :

*Milk (Special Designations) Regulations, 1936/48.*—On the 1st October, 1949, the Milk and Dairies Act, 1944 came into operation whereby the duty of supervising farm milk production in all its aspects passed from Local Authorities to the Ministry of Agriculture and Fisheries. Accordingly, the County Council ceased to be responsible for the work of licensing Tuberculin Tested and Accredited Dairy Farms, which they first undertook with the passing of The Milk (Special Designations) Order, 1923.

Throughout the period of operation of this Order and the succeeding Milk (Special Designations) Regulations, the County Council has continued the work of licensing designated farms, and the Public Health staff have assisted by giving advice as regards milking methods and upon the adaption of buildings in order to render them suitable for high-grade milk production. Having regard to the fact that Kesteven has not hitherto been considered a dairy farming County progress during this period in the production of designated milk has been very gratifying, and the rise in the production of Tuberculin Tested milk over the past ten years has been a most encouraging feature. This is shown

in the table below, from which it will be seen that the general increase in the number of licences issued is almost directly the result of an increase in the issue of Tuberculin Tested licences. This raising of the standard of production as regards designated milk has run parallel with the general improvement of ordinary milk production which has been the responsibility of the District Councils. The complete liaison which has existed between the Local Authorities and the County Council has undoubtedly been a noteworthy factor in the raising of the milk production standard in the county, and the Local Authorities have always been ready to encourage the ordinary milk producer to embark upon a higher grade of production whenever the opportunity has presented itself. Now that the Ministry of Agriculture and Fisheries are responsible completely for the standard of production on the farms, Local Authorities have every right to feel proud of the work they have done in the protection of the milk supply.

### *Special Designation Licences Issued :*

					Tuberculin		Total
					Tested	Accredited	
1938	..	..	..	..	5	45	50
1939	..	..	..	..	4	55	59
1940	..	..	..	..	5	59	64
1941	..	..	..	..	2	59	61
1942	..	..	..	..	4	59	63
1943	..	..	..	..	4	56	60
1944	..	..	..	..	8	57	65
1945	..	..	..	..	7	61	68
1946	..	..	..	..	15	55	70
1947	..	..	..	..	26	52	78
1948	..	..	..	..	37	51	88
1949	..	..	..	..	45	54	99

One hundred and thirty-eight samples were taken for bacteriological examination during the year (i.e., until 30.9.49) of which 115 passed and 23 failed the prescribed methylene blue test.

### *Tuberculosis in Milk :*

Thirty-seven samples of milk were taken for biological examination involving 68 herds. One sample proved positive to Tubercle Bacilli and was reported to the Ministry of Agriculture and Fisheries.

I am indebted to Mr. G. A. Moore, Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries, for the following report relating to Tuberculous milk investigations and veterinary examination of dairy herds :—

*\*“Two reports of tuberculous milk samples were received during the year. Three herds were involved and 2 cows, which were found to be excreting Tubercle Bacilli, were slaughtered under the Tuber*

*culosis Order.* One other cow which was subsequently found to be involved was sent to the knackers before the investigation was completed.

During the year 1949, routine veterinary examinations of all the herds producing milk in the County were carried out. Fifty-six Accredited herds involving 1,403 animals and 598 non-designated herds involving 5,509 animals were examined. Only 1 cow excreting *Tubercle Bacilli* in milk was found during these examinations and the health of the cattle generally was very good.

There was a considerable increase during the year in the number of Attested and Tuberculin Tested herds and at the end of the year the total in the County was 32 Attested herds and 27 licensed Tuberculin Tested herds. A total of 3,982 cattle in these herds was tested with tuberculin during the year and only 7 reactors were found.

\*Includes one case referred by Lincoln City Medical Officer of Health."

#### *Milk (Special Designations) (Sterilised and Pasteurised Milk) Regulations, 1949 :*

With the coming into force on 1st October, 1949 of the above Regulations, the County Council (as the Foods and Drugs Authority) became responsible for the licensing and supervision of Pasteurised and Sterilised milk treatment plants in the County. At that time two pasteurising plants were in operation and licensed by the district authorities, both of which were re-licensed at the end of the year.

Seven samples of milk were taken under the new regulations, one of which failed the phosphatase test. Subsequent samples proved to be satisfactory.

In addition to the above, 30 samples of milk produced by the two licensed plants were also taken at the request of the Ministry of Food under Regulation 55G (Restriction on the Sale of Raw Milk) prior to October 1st. Of these 30 samples, three failed the phosphatase test.

#### *Milk in Schools Scheme :*

At the end of 1949, 174 schools (98.8%) were receiving supplies of liquid milk. This is an increase of 4 over the previous year, accounted for by the opening of two new schools and the supply of liquid milk to two schools hitherto receiving dried milk.

Two schools were not receiving regular supplies of liquid milk.

The number and types of individual retailers approved together with schools supplied were as follows :—

- 7 (7) Retailers licensed to sell Pasteurised Milk were supplying 137 (128) schools.  
 7 (6) "Tuberculin Tested" producers were supplying 21 (19) schools.  
 4 (5) "Accredited" producers were supplying 5 (7) schools.  
 11 (14) Producers were supplying raw milk to 11 (16) schools.  
 (NOTE—Figures in brackets relate to 1948)

From the above it will be seen that there has been a further increase in the number of schools receiving Pasteurised milk and a relative decrease in the number of schools still receiving undesignated supplies. It is regretted that it has not yet been possible to achieve a hundred per cent supply of Pasteurised or Tuberculin Tested milk. Difficulties in delivery have made it impracticable as yet to reach this objective, but with the focus of attention, by virtue of recent Milk and Dairies legislation, on the need for the establishment of Tuberculin Tested herds and the pasteurisation of milk, it is hoped that the elimination of ungraded supplies will be achieved in the near future.

The County Sanitary Officer has continued to give supervision to these milk supplies and 15 samples from school milk have been taken, of which 11 proved completely satisfactory upon examination.

## Diseases of Animals

### *Cysticercus Bovis:*

The Ministry of Food, in Circular 5/48, requested that all bovines slaughtered in the Ministry of Food Abattoirs be carefully examined with a view to determining the presence or otherwise of *cysticercus bovis*, which is the cystic stage of the taenia saginata (tape worm) of man. The presence of this particular cyst in home killed animals had not been suspected in this country in any marked degree until after the war, and it has been suggested that the prevalence of the condition now experienced is the result of animals being infected by persons returned from overseas, and possibly the presence here of many foreign workers. All cases of *cysticercus bovis* found in slaughtered animals originating in Kesteven, including animals slaughtered at Lincoln, are notified to the County Public Health Department for investigations to be undertaken at the farm. By these enquiries it is hoped to ascertain whether something can be done to break the chain of infection. Notwithstanding, however, that 22 cases of *cysticercus bovis* have been investigated during the year, in no case has it been definitely possible to actually trace the source of infection of the animal. On one occasion it was found that an affected animal had grazed on land adjoining a stream into which sewage effluent discharged from a hostel occupied by displaced European workers. The Deputy County Medical Officer of Health and the County Sanitary Officer, made investigations as to the possibility of the workers at this camp being affected



with tape-worm, and through the co-operation of the medical practitioner visiting this hostel a number of faeces specimens were obtained and submitted for examination, but in no case was the ovum of *taenia saginata* detected.

Specimens were also obtained from two German ex-prisoners-of-war workers employed at a farm from which a slaughtered animal had originated. In neither of these cases was a positive result obtained, although one of these workers did admit that some years ago he was, in his own country, affected with *taenia saginata*.

One of the difficulties experienced in tracing back these cases of *cysticercus bovis* at the farms has been that many of the animals slaughtered are not bred at the farm and many are of Irish origin. One fact which, however, has emerged so far during these investigations has been that wherever an animal has been infected and has been wintered in the crew yard, it has been the practice at that farm for the farm workers to use the crew yard as a sanitary convenience. It is very important that farmers should be alive to this danger, as the employment of men harbouring a tape-worm, though otherwise in relatively good health, could easily cause infection of animals in the crew yard through their picking up the ovum of *taenia saginata* with their fodder. Fortunately, at the present time, the existence of an odd cyst in the muscular tissues of the animal does not affect the quality of the animal as a whole. The Ministry of Food are, nevertheless, very wise in calling attention to the danger before the position gets out of hand.

The Divisional Veterinary Inspector has kindly supplied the following information :—

**Anthrax Order 1938 :—**

*No cases of Anthrax were confirmed in the County during the year.*

**Tuberculosis Order 1938 :—**

*During the year 1949 a total of 20 cases of Tuberculosis in cattle were reported, and 16 animals were slaughtered under the Tuberculosis Order.*

*The gradual decline in the numbers of cases reported under the Order in the County continued during the year.*

*One hundred and thirty notifications of cows and calves slaughtered in Government Slaughterhouses and found to be affected with Tuberculosis were received.*



**Food and Drugs Act, 1938 :**

The work in connection with sampling under the Act was carried out by the Weights and Measures Department, and I am indebted to the Chief Inspector of Weights and Measures for the following information :

During the twelve months ended 31st December, 1949, 374 samples were obtained under the Food and Drugs Act, 1938, in the Administrative County of Kesteven and the Boroughs of Grantham and Stamford.

The articles sampled were :—

Almond substitute .. .. .	1	Brought forward .. .. .	71
Arrowroot .. .. .	2	Lard .. .. .	2
Aspirin tablets .. .. .	1	Liquid paraffin .. .. .	1
Baking powder .. .. .	2	Malt extract & Cod Liver Oil ..	1
Barley flakes .. .. .	1	Malted wheaten food .. .. .	1
Barley flour .. .. .	1	Margarine .. .. .	1
Blackcurrant syrup .. .. .	1	Marmalade .. .. .	4
Bread .. .. .	1	Milk .. .. .	245
Butter .. .. .	3	Mint Sauce .. .. .	1
Castor oil .. .. .	1	Mixed fruit pudding .. .. .	1
Chutney .. .. .	2	Mushroom ketchup .. .. .	1
Cod-liver oil .. .. .	1	Mushroom soup .. .. .	1
Coffee .. .. .	1	Mustard cream .. .. .	1
Coffee and chicory extract ..	1	Mustard pickle .. .. .	1
Condensed milk .. .. .	5	Olive oil .. .. .	1
Cordials .. .. .	3	Paste (fish) .. .. .	5
Crystallised pineapple .. .. .	1	Pastry mixture .. .. .	2
Culinary lemon .. .. .	1	Peanut butter .. .. .	1
Culinary oil .. .. .	1	Pepper .. .. .	2
Custard powder .. .. .	1	Pineapple syrup .. .. .	1
Cyder (non-alcoholic) .. .. .	1	Saccharin tablets .. .. .	1
Effervescent saline .. .. .	1	Sago .. .. .	1
Epsom Salts .. .. .	1	Salad Cream .. .. .	5
Fat compound (sweetened) ..	1	Salad dressing .. .. .	2
Food colouring (green) .. .. .	1	Sandwich spread .. .. .	1
Gelatine .. .. .	1	Sausage (beef) .. .. .	2
Ginger (ground) .. .. .	1	Semolina (flavoured) .. .. .	1
Ginger (in syrup) .. .. .	1	Suet (flaked, beef) .. .. .	1
Ginger wine .. .. .	2	Soft drinks .. .. .	4
Glycerine .. .. .	1	Sweet spirits of nitre .. .. .	1
Guava jelly .. .. .	1	Tincture of rhubarb .. .. .	2
Honey .. .. .	4	Tomato juice .. .. .	1
Horseradish cream .. .. .	1	Tomato sauce .. .. .	1
Ice-cream .. .. .	17	Tomato savoury .. .. .	1
Indian Brandee .. .. .	1	Vinegar (malt) .. .. .	6
Jam .. .. .	3		
Jam tarts .. .. .	2		
Carried forward .. .. .	71	Total .. .. .	374

In taking these samples the Ministry's suggested target of 3 per 1,000 of population was kept in mind, and this target was reached both as regards the County as a whole and as regards its principal rural and urban divisions.

Two hundred and five informal samples of Milk were tested in the Department's laboratory and found to be genuine. The remaining 169 samples were submitted to the Public Analyst who found that 20 of this number (all being milk) were adulterated. For the second year in succession, therefore, there was no serious complaint concerning any foodstuff other than Milk, in spite of the fact that samples taken during the year comprised 71 separate commodities of common consumption.

A number of samples of Ice-Cream was taken during the summer months and though the quality varied considerably, only one sample was below the standard (fixed by the Ministry of Food) which qualifies the manufacturer for supplies of sugar and fats.

Of the 20 samples of Milk adversely reported upon, 11 were deficient in milk-fat (1 by as much as 43%) while 9 contained added water.

The appeal from the decision of the Bourne Magistrates who, on 20th January, 1949, dismissed two Informations under the Food and Drugs Act, 1938, alleging the sale of Milk containing 9.0% and 20.0% of added water was heard in the King's Bench Division of the High Court of Justice on 19th October, 1949, before the Lord Chief Justice (Lord Goddard), Mr. Justice-Croom-Johnson and Mr. Justice Lynskey. Judgment was given for the Appellant (Mr. E. T. Hawley) and the case was sent back to the Justices with a direction to convict.

The Table on page 66 sets out the details of action taken in the case of unsatisfactory results.

## **SANITARY CIRCUMSTANCES**

### **Housing :**

The problem of housing in the County still remains very acute. The steady progress in the provision of houses by the District Councils has undoubtedly contributed to some extent to the relief of the housing shortage; nevertheless a very long waiting list of persons requiring housing accommodation still persists. Without some acceleration in the present rate of building it will be some time before any marked relief in the housing situation can be expected. In fact it is possible that the position with regard to housing is actually becoming worse, having regard to the continued deterioration of existing houses, the growth of the population, and the increase in the number of newly-married couples still requiring homes of their own. One thing, however, is very certain: that is that the disrepair of many cottages both in the urban and rural areas is very steadily increasing. One of the factors which has undoubtedly contributed to the lowering of the structural condition of these houses is the difficulty which

owners have in meeting the cost of repairs on the present relatively low rents. It is quite understandable, and in fact essential, that some control of rents must continue to be exercised, especially in these days of such grave housing shortage, but unless some additional provision is made whereby more money can be allocated to repairs, it must inevitably mean that the ultimate sufferer will be the tenant who will be compelled to occupy premises which are definitely prejudicial to the health of himself and his family.

The Rural Housing Survey undertaken by the District Councils has shown very little progress during the year. The figures for this Survey are given below, and it will be seen that the position remains very much the same as last year as regards the percentage of houses in the various categories. Although less than half the houses scheduled for inspection have, as yet, been surveyed, it would seem apparent that nearly a quarter of the working class houses in the county are unfit for habitation and in need of demolition. On the basis of the number of houses to be inspected this represents approximately 5,000 houses, in addition to which another 1,500 houses, approximately, are in need of re-conditioning. At the present time, therefore, approximately 6,500 families, without regard to any other persons who may be sharing their accommodation, are living in houses considered unfit for habitation, and at the present rate of building the Local Authorities are almost powerless to relieve the situation.

### Rural Housing Survey :

#### *Classification of Houses surveyed :—*

1—Satisfactory in all respects .. .. .	1,083
2—Minor defects .. .. .	698
3—Requiring repair, structural alteration or improvements ..	3,831
4—Appropriate for re-conditioning under the Housing (Rural Workers) Acts .. .. .	656
5—Unfit for habitation and beyond repair at a reasonable expense .. .. .	2,008
6—Not yet classified .. .. .	101
<b>TOTAL .. .. .</b>	<b>8,377</b>

### Water Supplies and Sewerage :

As regards water the year has witnessed progress in the provision of piped supplies to many villages, and this work has been essentially a further development of the schemes referred to in my report of last year.

New schemes continue to be prepared and submitted by the Rural District Councils for the improved supply of water in the rural localities, and have again been subject to examination by the Consulting Engineers—Messrs. Howard Humphreys & Sons.

The position with regard to sewerage is, as I reported last year, still far from satisfactory, and once again the question of cost, and the economic position prevailing during 1948, has had the effect of curtailing many schemes which might otherwise have been commenced. The need for piped rural sewerage schemes must inevitably become more urgent as improved water supplies are made available. In fact, it is interesting to recall that the Rural Water Supplies and Sewerage Act of 1944 specifically provided that Ministry grants for the cost of sewerage schemes were only applicable where the proposed scheme of sewerage was the result of providing a supply, or an increased supply, of water in any locality. In effect, this means that the Ministry realised that a consequence of providing water to areas hitherto dependent upon very inadequate supplies must also mean the provision of complementary sewerage schemes. Experience, however, has shown that since the Act came into force, and certainly since local authorities have endeavoured to take advantage of its provisions, far more importance has been attached to the provision of water than to the provision of sewerage. In the light of the recent financial state of the country this has no doubt been an unavoidable occurrence, but nevertheless unless very serious nuisances are to be avoided in the future, a definite start to the provision of rural sewerage schemes is necessary.

### **Protection of Underground Water Supplies :**

During the year investigations continued in connection with the special survey of underground water supplies having regard to the possible effect thereon of sewage effluents discharging into the Lincolnshire limestone. This work is the subject of a special report presented to the County Council during 1950.

### **Rivers Pollution :**

During the latter part of the year a serious case of fish mortality occurred in the River Witham at Bardney involving, it is estimated, 4,000 to 5,000 fish. It was believed that this mortality was due to sugar-polluted water being allowed to discharge accidentally from the Sugar Beet Factory, although samples taken by representatives of the Lincolnshire Rivers Fishery Board as soon as possible after the occurrence showed that in the vicinity of Bardney the River Witham was, to quote the analyst, "subject to a high degree of organic pollution and no better than a sewage effluent." In view of this report the Chairman of the Board invited representatives from Lindsey and Kesteven to attend the Executive Meeting of their Restocking Committee, and in accordance with this request the County Sanitary Officer was present. As a result of this meeting the Rivers Board formally asked the County Council to undertake a Joint Survey, together with the Lindsey County Council and

their own Authority, on similar lines to the Surveys carried out in the years 1944 to 1947. This was agreed to and will be the subject of a further Report.

Another serious case of fish mortality occurred in the River Welland just below Stamford. This was subsequently found to be due to a discharge of gas liquor from the Stamford Gas Works. The prosecution taken by the Welland Catchment Board resulted in a conviction, and a fine was imposed upon the Gas Board.

A watch is being kept on other known points of disposal of various effluents, but apart from those cases where untreated sewage will continue to cause trouble until proper disposal works are provided, no serious cases of pollution have been observed.

### **School Hygiene :**

The structural condition of school premises, particularly the smaller schools, remains much the same as in the previous year. Again there has been the same reluctance on the part of school managers to spend money on repairs other than the most urgent. The current economic position and the still high cost of repairs, allied to the continued delay in approval of the development plan, has resulted in a virtual stand-still in the execution of improvements to the sanitary arrangements of many of the schools. This question is one which is in need of consideration, especially having regard to the continued increase in the number of School Canteens, which are, in certain cases, unavoidably sited relatively close to unsatisfactory closet accommodation. Furthermore, the problem of providing better and increased sanitary accommodation is intensified when the majority of children stay to lunch at school.

### **General :**

Twenty-six sanitary complaints were received and dealt with during the year.

Nineteen samples of drinking water were submitted for examination.

Table I.—VITAL STATISTICS, 1949

DISTRICT	Popul'n Mid-year 1949 (R.G. Est.)	No. of Live Births			Birth Rate		No. of Stillbirths			Deaths under 1 year of age			Inf. Mort. Rate		No. of Deaths			Death Rate	
		M	F	Total	Total	M	F	Total	M	F	Total	Rate	M	F	Total	Rate			
Bourne ..	5,200	40	31	71	13.65	—	1	1	—	1	1	14.08	29	29	58	11.15			
Grantham ..	23,080	229	214	443	19.19	10	6	16	10	9	19	42.89	146	129	275	11.91			
Sleaford ..	7,600	63	73	136	17.90	1	2	3	3	4	7	51.47	41	56	97	12.76			
Stamford ..	11,140	89	73	162	14.54	3	—	3	1	3	4	24.69	68	70	138	12.39			
Total Urb. Districts	47,020	421	391	812	17.27	7	6	13	14	17	31	38.18	284	284	568	12.08			
East Kesteven ..	17,550	180	171	351	20.00	5	1	6	8	4	12	34.19	109	78	187	10.65			
North Kesteven ..	25,240	223	230	453	17.95	7	5	12	10	6	16	35.32	148	137	285	11.29			
South Kesteven ..	14,310	157	101	258	18.03	1	—	1	8	3	11	42.64	100	95	195	13.63			
West Kesteven ..	16,770	181	176	357	21.29	4	3	7	10	3	13	36.41	102	86	188	11.21			
Total Rur. Districts	73,870	741	678	1419	19.21	17	9	26	36	16	52	36.64	459	396	855	11.58			
Total Adminis- trative County ..	120,890	1162	1069	2231	18.45	24	15	39	50	33	83	37.20	743	680	1423	11.77			







Table II. — SHOWING FOR EACH COUNTY DISTRICT THE NUMBER  
AND CAUSES OF DEATH DURING 1949

CAUSES OF DEATH	Bourne U.D.	Grantham Borough	Sheaford U.D.	Stamford Borough	Aggregate	E. Kesteven R.D.	N. Kesteven R.D.	S. Kesteven R.D.	W. Kesteven R.D.	Aggregate	TOTALS
1. Typhoid and parat. fevers	—	—	—	—	—	—	—	—	—	—	—
2. Cerebro-spinal fever .. ..	—	—	—	—	—	—	—	—	—	—	—
3. Scarlet fever .. ..	—	—	—	—	—	—	—	—	—	—	—
4. Whooping Cough .. ..	—	1	—	—	1	—	—	—	—	—	1
5. Diphtheria .. ..	—	—	—	—	—	—	—	—	—	—	—
6. Tuberculosis of resp. system	—	9	5	3	17	4	2	5	2	13	30
7. Other forms of tuberculosis	—	2	1	1	4	—	—	1	—	1	5
8. Syphilitic diseases .. ..	—	—	—	1	1	1	3	—	—	4	5
9. Influenza .. ..	—	—	—	1	1	2	2	1	2	7	8
10. Measles .. ..	—	—	—	1	1	—	—	—	—	—	1
11. Ac. poliomyelitis and polio-encephalitis .. ..	—	—	—	—	—	—	—	—	1	1	1
12. Ac. inf. enceph. .. ..	—	—	—	—	—	—	—	—	1	1	1
13. Cancer of buc. cav. and oesoph. (M) Uterus (F) ..	4	7	—	3	14	2	5	2	2	11	25
14. Cancer of stomach and duodenum .. ..	2	5	3	3	13	3	3	5	—	11	24
15. Cancer of breast .. ..	—	2	4	2	8	—	3	3	3	9	17
16. Cancer of all other sites ..	5	24	6	11	46	18	33	16	21	88	134
17. Diabetes .. ..	—	1	2	2	5	—	1	1	—	2	7
18. Intra-cran. vascular lesions	10	33	9	20	72	26	39	18	30	113	185
19. Heart disease .. ..	18	92	32	43	185	59	93	55	49	256	441
20. Other diseases of circ. system	3	13	6	7	29	4	12	6	6	28	57
21. Bronchitis .. ..	4	22	3	7	36	7	15	21	7	50	86
22. Pneumonia .. ..	1	8	4	5	18	10	11	10	11	42	60
23. Other respiratory diseases	—	1	2	3	6	2	4	7	2	15	21
24. Ulcer of stomach or duo- denum .. ..	2	4	—	—	6	3	1	1	2	7	13
25. Diarrhoea under 2 years of age .. ..	—	—	—	1	1	—	1	—	—	1	2
26. Appendicitis .. ..	—	1	—	—	1	—	—	1	—	1	2
27. Other digestive diseases ..	—	3	6	3	12	1	4	6	8	19	31
28. Nephritis .. ..	1	3	1	3	8	7	7	4	2	20	28
29. Puer. and post abort. sepsis	—	—	—	—	—	—	—	—	—	—	—
30. Other maternal causes ..	—	—	1	1	2	1	1	—	1	3	5
31. Premature birth .. ..	1	3	1	1	6	3	3	6	6	18	24
32. Con. mal: birth injuries; infantile diseases .. ..	—	9	5	—	14	6	8	1	1	16	30
33. Suicide .. ..	1	5	—	1	7	4	4	1	2	11	18
34. Road traffic accidents ..	1	3	1	2	7	2	1	—	5	8	15
35. Other violent causes ..	—	7	—	3	10	3	9	6	6	24	34
36. All other causes .. ..	5	17	5	10	37	19	20	18	18	75	112
ALL CAUSES .. ..	58	275	97	138	568	187	285	195	188	855	1423

Table IV.—BIRTH RATES, CIVILIAN DEATH RATES AND ANALYSIS OF MORTALITY DURING 1949

	Rates per 1,000 Civilian Popul'n		Death Rates per 1,000 Civilian Population							Rates per 1,000 Live Births		
	Live Births	Still-Births	All Causes	Typhoid & Paratyphoid Fever	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Small-pox	Measles	Deaths under 1 year of Age	Deaths from Diarrhea and Enteritis under 2 years
England and Wales ..	16.7*	0.39*	11.7*	0.00	..	0.01	0.00	0.15	0.00	..	32	3.0
126 County Boroughs and Great Towns (including London) ..	18.7	0.47	12.5	0.00	..	0.02	0.00	0.15	0.00	..	37	3.8
148 Smaller Towns (Resident Popul'n 25,000 - 50,000 at 1931 Census) ..	18.0	0.40	11.6	0.00	..	0.01	0.00	0.14	0.00	..	30	2.4
London Administrative County ..	18.5	0.37	12.2	0.00	..	0.01	0.00	0.11	0.00	..	29	1.7
County of Kesteven ..	18.45	0.32	11.77	0.00	0.00	0.01	0.00	0.07	0.00	0.01	37.2	0.02

\* Rates per 1,000 total population

Table V.—OFFICIAL INFANT WELFARE CENTRES, 1949

Address of Centre	Days of Opening	Individual Children who attended				Attendances			Consultations with Medical Officer			
		Infants aged		Children aged	Total	Infants aged		Children aged	Total with Aver.	Infants aged	Children aged	Total
		0	1			0	1					
ALMA PARK— Grantham ..	First and Third Monday in the month	61	35	96	287	124	111 (20)	44	20	64		
ANCASTER— Oddfellow's Hall ..	Fourth Thursday ..	9	9	18	20	16	36 (12)	4	3	7		
BASSINGHAM— Conrads Hall ..	First Thursday ..	28	23	51	93	78	171 (14)	66	56	122		
BILLINGBOROUGH— Foresters Hall ..	Third Tuesday ..	37	56	93	142	283	425 (35)	89	137	226		
BILLINGHAM— Church Hall ..	Second & Fourth Wednesday ..	64	41	105	414	268	682 (28)	123	76	199		
BOURNE— The Clinic, North Rd., ..	First and Third Thursday ..	101	93	194	597	499	1096 (46)	331	193	524		
BRACEBRIDGE HEATH— Village Hall ..	Fourth Thursday ..	41	56	97	158	300	458 (42)	100	135	235		
BRANSTON— Methodist Chapel ..	Second Tuesday ..	23	49	72	39	80	119 (40)	17	27	44		
BRANT BROUGHTON— Village Hall ..	Third Thursday ..	17	29	46	55	74	129 (18)	15	8	23		
CASTLE BYTHAM— Village Hall ..	Second Wednesday ..	31	16	47	115	132	247 (21)	59	56	115		
CLAYPOLE— Village Hall ..	Second Tuesday ..	29	19	48	116	69	185 (15)	22	6	28		
COLSTERWORTH— Wesleyan School ..	Fourth Monday ..	29	39	68	134	214	348 (29)	33	32	65		

Table V. (continued)—OFFICIAL INFANT WELFARE CENTRES, 1949

Address of Centre	Days of Opening	Individual Children who attended			Attendances			Consultations with Medical Officer		
		Infants aged 0—1	Children aged 1—5	Total	Infants aged 0—1	Children aged 1—5	Total with Aver.	Infants aged 0—1	Children aged 1—5	Total
CORBY— Church Room ..	Fourth Friday ..	29	34	63	83	96	179 (16)	49	48	97
EAGLE— Methodist Schoolroom ..	Second Wednesday ..	23	26	49	99	161	260 (22)	1	—	1
FOLKINGHAM— Village Hall ..	First Friday ..	31	41	72	107	135	242 (27)	86	102	188
FULBECK— Reading Room ..	Last Wednesday ..	60	44	104	126	160	286 (24)	37	23	60
GRANTHAM— 40 Westgate ..	Every Tuesday, Wednesday, and Thursday ..	466	422	888	4633	2656	7289 (33)	92	490	582
HECKINGTON— Village Hall ..	Third Thursday ..	45	35	80	205	211	416 (35)	59	57	116
MARKET DEEPING— Annex to New Inn ..	Second and Fourth Monday ..	51	39	90	241	215	456 (21)	71	57	128
METHERINGHAM— Village Hall ..	First and Third Wednesday ..	57	61	118	385	441	826 (34)	199	203	402
MORTON— Cadets' Hut ..	Third Friday ..	13	9	22	21	13	34 (11)	14	6	20
NAVENBY— Wesleyan School ..	Second Friday ..	18	21	39	37	38	75 (25)	23	18	41
NORTH HYKEHAM— Wesleyan School ..	Second and Fourth Tuesday ..	68	51	119	453	258	711 (31)	185	82	267
ROPSLEY— Village Hall ..	Third Friday ..	9	9	18	21	20	41 (7)	—	—	—



Table V. (continued)—OFFICIAL INFANT WELFARE CENTRES, 1949

Address of Centre	Days of Opening	Individual Children who attended			Attendances			Consultations with Medical Officer		
		Infants aged 0-1	Children aged 1-5	Total	Infants aged 0-1	Children aged 1-5	Total with Aver.	Infants aged 0-1	Children aged 1-5	Total
SKELLINGTHORPE— British Legion Hall ..	Second Monday ..	20	27	47	69	123	192 (16)	45	73	118
SLEAFORD— The Clinic, Eastgate ..	Every Monday ..	199	218	417	2025	1399	3424 (73)	572	490	1062
SOUTH WITLIAM— Church Hall ..	Third Wednesday ..	11	12	23	55	60	115 (10)	—	—	—
STAMFORD— The Clinic, Barnhill ..	Every Friday ..	139	111	250	1108	916	2024 (40)	219	137	356
THURLEBY— Chapel Hall ..	Second Friday ..	18	22	40	63	81	144 (12)	—	—	—
WADDINGTON— Wesleyan School ..	First and Third Tuesday ..	80	57	137	516	416	932 (39)	173	123	296
WASLINGBORO— Village Hall ..	Second Thursday ..	55	44	99	252	350	602 (50)	154	177	331
Heighington ..										

Centre at Folkingham taken over April, 1949

Centre at Ropsley taken over July, 1949

Centres at Ancaster, Brantston and Navenby taken over October, 1949

Centres at Brant Broughton and Morton opened June, 1949 and October 1949 respectively

Table VI.—\*PREMATURE INFANTS BORN DURING 1949

	DEGREE OF PREMATURITY					WEIGHT AT BIRTH					Totals
	8 weeks & over					Under 3-lbs.					
	0—2 weeks	2—4 weeks	4—6 weeks	6—8 weeks	8 weeks & over	Under 3-lbs.	3—4 lbs.	4—5 lbs.	5—5½ lbs.		
<b>(1) Born at home and nursed entirely at home :—</b>											
(a) Died during first 24 hours ..	—	—	—	—	2	2	—	—	—	—	2
(b) Died aged 1—7 days ..	—	—	—	—	—	—	—	—	—	—	—
(c) Died aged 8—14 days ..	—	—	—	—	—	—	—	—	—	—	—
(d) Died aged 15—28 days ..	—	—	—	—	—	—	—	—	—	—	—
(e) Survived 4 weeks ..	11	14	2	—	1	—	2	14	12	—	28
<b>(2) Born at home and removed to hospital :—</b>											
(a) Died during first 24 hours ..	—	1	1	—	—	—	1	—	1	—	2
(b) Died aged 1—7 days ..	—	—	—	1	—	1	—	—	—	—	1
(c) Died aged 8—14 days ..	—	—	—	1	—	—	—	1	—	—	1
(d) Died aged 15—28 days ..	—	—	—	—	—	—	—	—	—	—	—
(e) Survived 4 weeks ..	—	2	—	2	—	—	2	—	2	—	4
<b>(3) Born in hospital or nursing home :—</b>											
(a) Died during first 24 hours ..	—	3	3	3	2	5	6	—	—	—	11
(b) Died aged 1—7 days ..	—	—	—	—	3	1	1	1	—	—	3
(c) Died aged 8—14 days ..	—	—	—	—	—	—	—	—	—	—	—
(d) Died aged 15—28 days ..	—	—	—	—	—	—	—	—	—	—	—
(e) Survived 4 weeks ..	30	5	7	5	1	—	8	18	22	—	48
<b>TOTALS .. ..</b>											
	41	25	13	12	9	9	20	34	37	100	

\*i.e., babies weighing 5½lbs. or less at birth, irrespective of the period of gestation.

Table VII.—DISTRIBUTION OF NOTIFIED CASES OF INFECTIOUS DISEASES IN  
RURAL AND URBAN DISTRICTS, 1949  
(excluding Non-Civilians)

SANITARY District	Total No. notified	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Acute Pneumonia	(Cerebro-) Spinal Fever	Ophthalmia Neonatorum	Puerperal Pyrexia	Dysentery	Erysipelas	Acute Poliomyelitis	Enteric Fever
Bourne U.D. ..	79 (261)	26	—	4	34	8	—	1	—	—	6	—	—
Grantham M.B. ..	309 (938)	78	—	136	59	23	—	—	1	—	7	5	—
Sleaford U.D. ...	75 (43)	2	—	14	54	3	—	—	—	—	2	—	—
Stamford M.B. ..	230 (283)	66	—	92	53	12	—	—	1	—	1	5	—
Aggregate of Urban Districts	693 (1525)	172	—	246	200	46	—	1	2	—	16	10	—
East Kesteven R.D.	88 (529)	23	1	28	29	2	—	—	—	—	4	1	—
North Kesteven R.D.	107 (338)	4	1	89	8	—	1	—	1	—	2	1	—
South Kesteven R.D.	69 (424)	36	—	12	13	5	—	—	—	1	2	—	—
West Kesteven R.D.	79 (568)	19	—	21	27	5	—	1	—	—	1	5	—
Aggregate of R.D.'s ..	343 (1859)	82	2	150	77	12	1	1	1	1	9	7	—
Totals for whole County	1036 (3384)	254 (158)	2 (10)	369 (2592)	277 (523)	58 (57)	1 (—)	2 (—)	3 (5)	1 (13)	25 (14)	17 (12)	—

NOTE.—Figures in brackets relate to 1948.

Table VIII.—AMBULANCE SERVICES

(1)	Number of Vehicles at 31st Dec., 1949 (2)	Total No. of Journeys during the year (3)	Total No. of Patients carried during the year (4)	Emergency Journeys included in col. (3) during the year (5)	Total Mileage during the year (6)	Number of paid whole-time Staff at 31st Dec. 1949 (7)
Directly Provided Service	Ambulances	10	3663	4580	1395	97958
	Cars ..	3	2726	3354	386	71164
Agency Service(s) ..	Ambulances	9	1591	1923	245	27494
	Cars ..	5	1863	2197	12	52643
Supplementary Service(s)*	Ambulances	—	—	—	—	—
	Cars ..	463	573	7	23484	—

\*Hospital Car Service :—Nine owner drivers are available for the transportation of sitting cases

TABLE IX.—SPECIALIST CLINICS

	ORTHOPAEDIC	OPHTHALMIC*	R.N.T.*	RHEUMATISM* AND HEART
BEACONFIELD, GRANTHAM	Mon., 9 a.m.—12 noon Wed., 9 a.m.—5 p.m. Fri., 9 a.m.—5 p.m. Sat., 9 a.m.—12 noon	1st Fri. each month 10 a.m.—1 p.m.	Last Monday each month—11 a.m. to noon	As and when required
BARNHILL HOUSE, STAMFORD	Tues., 2—4.30 p.m.	Third Thurs. each month, 2—4 p.m.	—	—
NORTH STREET BOURNE	Tues., 10 a.m.—12 noon	2nd and 4th Thurs. 2—4 p.m.	—	—
LAFORD HOUSE SLEAFORD	Mon., 2—4.30 p.m. Thursday, 9.30 a.m.— 4.30 p.m.	First Tuesday each 3—5.30 p.m.	2nd Fri., each month 11.30 a.m.—1 p.m.	As and when required
30 LINDUM ROAD LINCOLN				3rd Tues. each month 10 a.m.—12 noon

*Surgeon attends as \* under arrangements with the Regional Hospital Boards required*

In addition to the above four fully equipped dental clinics are provided where infants and expectant mothers can be treated. These unfortunately have been temporarily closed owing to lack of staff.

TABLE X. ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1938, IN CASES OF UNSATISFACTORY SAMPLES, 1949

No. of Sample	Article	Report of Public Analyst	Action Taken
36	Milk	18% deficient in fat	"Appeal" sample from cows was similarly deficient. No action
99	Milk	16% deficient in fat	Ditto
163	Milk	10% deficient in fat	Vendor requested that samples be taken from Producer and these (Nos. 164-167) and subsequent "Appeal" samples were also deficient. Producers warned
164	Milk	6% deficient in fat	
165	Milk	10% deficient in fat	
166	Milk	20% deficient in fat	
167	Milk	20% deficient in fat	
179	Milk	43% deficient in fat	Vendor fined £5
223	Milk	Contained 7% of added water	Vendor cautioned in writing by Clerk of County Council
261	Milk	Slight traces of water	Vendor and Producer were using common dairy premises and question of possession was difficult to determine. Case would have come before Bourne Justices while Appeal was "sub-judice." No action
263	Milk	Contained 14% of added water	
282	Milk	Contained 5% of added water	Vendors of samples 282 and 285 obtained supplies from depot in Grantham
285	Milk	Contained 4% of added water	
289	Milk	2% added water	Samples taken at the depot shewed that water remained in processing plant after overnight cleaning. Owners of depot cautioned in writing by Clerk of County Council
290	Milk	8% added water	
291	Milk	4% added water	
292	Milk	3% added water	
293	Milk	3% added water	
294	Milk	3% added water	
296	Milk	3% added water	









